

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 025 ****50.00

DOCUMENT # L05000079047

1. Entity Name
AB7G, LLC



Principal Place of Business
**8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**

Mailing Address
**8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**



2. Principal Place of Business
82 S. Barrett Square

3. Mailing Address
P.O. Box 611296

Suite, Apt. #, etc.
Suite 2A

Suite, Apt. #, etc.

City & State
Rosemary Beach, FL

City & State
Rosemary Beach, FL

Zip
32461

Country
U.S.

Zip
32461

Country
U.S.

03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3301872

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZEITLIN, BRAD
8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

82 S. Barrett Square

Suite 2A

City
Rosemary Beach

FL

Zip Code
32461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOAIC CAPITAL PARTNERS II, LLC
8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
New Orchard Group, LLC
82 S. Barrett Square, Suite 2A
Rosemary Beach, FL 32461**

☒ Change ☐ Addition

TITLE
NAME
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Judd Jackson

4/3/06

Date

850-231-0850

Daytime Phone #