

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081076

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** ABRACADABRA INDUSTRIES, L.L.C.

**Current Principal Place of Business:**

1300 EAST BAY DRIVE, STE. B  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

KENT & DIANNE MEDVEDEFF  
1455 HUNTER LANE  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 20-3400093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MEDVEDEFF, KENT S  
1455 HUNTER LANE  
CLEARWATER, FL 33764      US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MEDVEDEFF, KENT S  
Address: 1455 HUNTER LANE  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR      ( ) Delete  
Name: MEDVEDEFF, MARIE D  
Address: 1455 HUNTER LANE  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENT S. MEDVEDEFF

MGR.

09/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date