

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000090098 1. Entity Name THE ABBY ROSE PROPERTIES, LLC	
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Principal Place of Business 6987 GREENTREE DRIVE NAPLES, FL 34108	Mailing Address C/O WENTZEL BERRY 801 LAUREL OAK DR #303 NAPLES, FL 34108
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01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3463398	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WOOD, DOUGLAS A 6987 GREENTREE DRIVE NAPLES, FL 34108
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**DO NOT WRITE
IN THIS SPACE**

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 _____

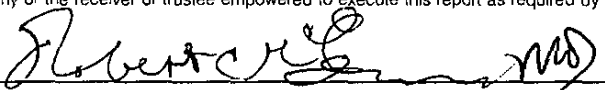
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGANN, ROBERT 6987 GREENTREE DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOBACA, PAUL J 1713 SW HEALTH PKWY SUITE 1 NAPLES, FL 34109
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03/06/07-80003-002 50.00

**DO NOT WRITE
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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, OR AUTHORIZED REPRESENTATIVE

2/8/07
Date

Daytime Phone #