

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101438

Entity Name: ABSOLUTE M LLC

FILED  
Feb 23, 2006  
Secretary of State

**Current Principal Place of Business:**

RR4, BOX 260  
CLINTON, IL 61727

**New Principal Place of Business:**

7300 CORPORATE CENTER DR  
SUITE 550  
MIAMI, FL 33126

**Current Mailing Address:**

RR4, BOX 260  
CLINTON, IL 61727

**New Mailing Address:**

FEI Number: 20-3802131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBINSON, BONNIE L  
7300 CORPORATE DRIVE  
SUITE 550  
MIAMI, FL 33126 US

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

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: MGRM ( ) Delete  
Name: ROBINSON, ANDREW B  
Address: RR4, BOX 260  
City-St-Zip: CLINTON, IL 61727

Title: MGRM ( ) Delete  
Name: ROBINSON, BONNIE L  
Address: RR4, BOX 260  
City-St-Zip: CLINTON, IL 61727

**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 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: BONNIE L ROBINSON

MGRM

02/23/2006

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