

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000104436

Entity Name: ABELEDO FAMILY, LLC

FILED
Mar 12, 2007
Secretary of State

Current Principal Place of Business:

100 BLUFFVIEW DRIVE
501 C
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

Current Mailing Address:

100 BLUFFVIEW DRIVE
501 C
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

FEI Number: 20-3686021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABELEDO, ENRIQUE
100 BLUFFVIEW DRIVE
501C
BELLEAIR BLUFFS, FL 33770 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: MGR () Delete
Name: ABELEDO, ENRIQUE
Address: 100 BLUFF VIEW DRIVE, 501C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM () Delete
Name: ABELEDO-ADAMS, EMILY
Address: 100 BLUFF VIEW DRIVE, 501C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ABELEDO, ENRIQUE
Address: 100 BLUFF VIEW DRIVE, 501C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGR (X) Change () Addition
Name: ABELEDO-ADAMS, EMILY
Address: 100 BLUFF VIEW DRIVE, 501C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: ENRIQUE ABELEDO

MRGM

03/12/2007

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