

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122115

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** ABRABEN ENTERPRISES, LLC

**Current Principal Place of Business:**

8620 MILLHOPPER ROAD  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

1680 SW NEWLAND WAY  
SUITE 101  
LAKE CITY, FL 32025

**Current Mailing Address:**

8620 MILLHOPPER ROAD  
GAINESVILLE, FL 32653

**New Mailing Address:**

1680 SW NEWLAND WAY  
SUITE 101  
LAKE CITY, FL 32025

**FEI Number:** 20-3985391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABRABEN, REEVE  
8620 MILLHOPPER ROAD  
GAINESVILLE, FL 32653 US

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

ABRABEN, REEVE  
1680 SW NEWLAND WAY  
SUITE 101  
LAKE CITY, FL 32025 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:

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ABRABEN, REEVE  
Address: 1680 SW NEWLAND WAY SUITE 101  
City-St-Zip: LAKE CITY, FL 32025

I hereby 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: REEVE ABRABEN

PRES

03/23/2011

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