


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-03-2006 90073 026 ****55.00

DOCUMENT # L05000122861			
1. Entity Name ABC INNOVATIONS, LLC			
Principal Place of Business 143 SW ULMAN AVE. PORT ST. LUCIE FL 34983		Mailing Address 143 SW ULMAN AVE. PORT ST. LUCIE FL 34983	
2. Principal Place of Business		3. Mailing Address 265 SW Port St Lucie Blvd #330	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 330	
City & State		City & State Port St Lucie FL	
Zip		Zip 34984	
Country		Country ST Lucie	
4. FEI Number 83-0444157		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		2nd MOORE CR2E083 (4/06)	
6. Name and Address of Current Registered Agent BURKE, JEFFREY A 143 SW ULMAN AVE. PORT ST. LUCIE FL 34983		7. Name and Address of New Registered Agent Name: Burke Jeffrey A Street Address (P.O. Box Number is Not Acceptable): 265 SW Port St Lucie Blvd #330 City: Port St Lucie FL Zip Code: 34984	
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: <i>[Signature]</i> DATE: 4/09/06			
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Suzanne Burke 143 SW ULMAN AVE PORT ST LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Terry Burke 20 Selo Terri Millbury Mass 01527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Scott Burke 35 Beach ST Millbury Mass 01527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> Jeffrey A Burke DATE: July 25, 06 772-530-2012			