

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90082 001 \*\*\*277.50

DOCUMENT # L06000012092

1. Entity Name

ABILIA PROPERTIES, L.L.C.



Principal Place of Business

3620 BARRANCAS AVENUE  
PENSACOLA FL 32507

Mailing Address

3620 BARRANCAS AVENUE  
PENSACOLA FL 32507

*12960 Seratine Dr.  
Pensacola, FL  
32504*



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*12960 Seratine Dr.  
Pensacola,  
FL 32504*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*USA*

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4248850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, MARSHA A  
3620 BARRANCAS AVENUE  
PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

MGRM  
BAKER, MARSHA A  
3620 BARRANCAS AVENUE  
PENSACOLA FL 32507  
*12960 SERATINE DR.  
PENSACOLA, FL 32504*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

*MGRM  
Baker, Marsha A  
12960 Seratine Dr.  
Pensacola, FL 32504*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Marsha A. Baker 4/10/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*850-418-2448*