


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90078 025 \*\*\*138.75

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L06000020792</b><br>1. Entity Name<br><b>ABCS PROPERTIES LLC</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>4270 ALOMA AVENUE<br/>SUITE 194<br/>WINTER PARK, FL 32792 US</b>   |  |   | Mailing Address<br><b>4270 ALOMA AVENUE<br/>SUITE 194<br/>WINTER PARK, FL 32792 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2441 W. SR 426</b>  |  | 3. Mailing Address<br><b>2441 W. SR 426</b>                 |   |  |  |
| Suite, Apt. #, etc.<br><b>Ste 2011</b>   |  | Suite, Apt. #, etc.<br><b>Ste. 2011</b>                     |   |  |  |
| City & State<br><b>Oviedo, FL</b>  |  | City & State<br><b>Oviedo, FL</b>                           |   |  |  |
| Zip<br><b>32765</b>  | Country<br><b>Seminole</b>   | Zip<br><b>32765</b>   | Country<br><b>Seminole</b>  | 4. FEI Number<br><b>20-4425212</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STEVEN LABRET P A<br/>226 HILLCREST STREET<br/>ORLANDO, FL 32801</b>   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | Make check payable to<br><b>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>NATION, AMY J<br/>4270 ALOMA AVENUE STE 194<br/>WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>Amy Nation<br/>2441 W. SR 426, Ste 2011<br/>Oviedo, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>BLOCK, BRADLEY M<br/>4270 ALOMA AVENUE SUITE 194<br/>WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>Bradley Block<br/>2441 W. SR 426 Ste 2011<br/>Oviedo, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>CHASE, CRAIG P<br/>4270 ALOMA AVENUE SUITE 194<br/>WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>Craig Chase<br/>2441 W. SR 426 Ste 2011<br/>Oviedo, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>SMOLEN, SUSAN G<br/>4270 ALOMA AVENUE SUITE 194<br/>WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>Susan Smolen<br/>2441 W. SR 426 Ste 2011<br/>Oviedo, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>Bradley M. Block</i></u> Date: <u>2/6/08</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small><br><b>Bradley M. Block</b> <b>PRESIDENT</b>  |  |   |   |  |  |

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