

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025867

FILED
Mar 23, 2009
Secretary of State

Entity Name: ABNS GROUP, LLC

Current Principal Place of Business:

1802 N. UNIVERSITY DRIVE,
SUITE #102-385
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

1802 N. UNIVERSITY DRIVE,
SUITE #102-385
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 20-4477382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVEN D. BRAVERMAN, P.A.
8751 W. BROWARD BOULEVARD
SUITE 206
PLANTATION, FL 33324 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: MGRM () Delete
Name: KLN INVESTMENT GROUP, , LLC
Address: 151 N. NOB HILL ROAD, #118
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM () Delete
Name: ODEYA GROUP, LLC,
Address: 19511 N.E. 14TH COURT
City-St-Zip: MIAMI, FL 33179 US

Title: MGRM () Delete
Name: ANB INVESTMENTS CORP, ORATION
Address: 151 N. NOB HILL ROAD, #155
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHAY ROSEN

CEO

03/23/2009

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