

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032724

Entity Name: ABK PROPERTIES LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

17431 STERLING LAKE DRIVE
FORT MYERS, FL 33967

New Principal Place of Business:

2095 ANDREA LANE
FORT MYERS, FL 33912

Current Mailing Address:

17431 STERLING LAKE DRIVE
FORT MYERS, FL 33967

New Mailing Address:

2095 ANDREA LANE
FORT MYERS, FL 33912

FEI Number: 20-4582600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, STEPHANIE L
17431 STERLING LAKE DRIVE
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

HALL, STEPHANIE L
9640 ROUNDSTONE CIRCLE
FORT MYERS, FL 33967 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: STEPHANIE HALL

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALL, KENNETH
Address: 17431 STERLING LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33967

Title: MGRM (X) Delete
Name: HALL, STEPHANIE
Address: 17431 STERLING LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HALL, STEPHANIE
Address: 9640 ROUNDSTONE COURT
City-St-Zip: FORT MYERS, FL 33967

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: STEPHANIE HALL

PRES

04/29/2009

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