


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000033588</b>		
1. Entity Name OUR ABBA'S PROPERTIES, LLC		
Principal Place of Business 4491 WHISPER DRIVE PENSACOLA, FL 32504	Mailing Address 4491 WHISPER DRIVE PENSACOLA, FL 32504	



04072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4602795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  MILLS, ROBERT J 4491 WHISPER DRIVE PENSACOLA, FL 32504	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLS, ROBERT J 4491 WHISPER DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLS, ANGELA A 4491 WHISPER DRIVE PENSACOLA, FL 32504
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U00000894423  
04/24/08-90027-014 138.75

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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:**  Robert J. Mills **4-11-2008** **850-476-3491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #