FILED Feb 08, 2007 8:00 am Secretary of State

2007	LIMITED LIABILITY COMPANY
	ANNUAL REPORT

ANNUAL REPORT						Secretary of State				
DOCUMENT # L06000045619 1. Entity Name ABANDONED REAL ESTATE ACQUISITIONS, LLC						02-08-2007	90144 03	1 ****50	0.00	
							B. W. U. L. M. C. Z	. 11		
Principal Place of Business			Mailing Address			00013%0				
10987 154TH ROAD			10987 154TH ROAD							
JUPITER, FL	334/6		JUPITER, FL 33476							
2 Principal Pl	lace of Busin	noss No BO Boy#	3. Mailing Address							
Principal Place of Business - No P.O. Box #			3. Mailing Address			1 0 0 3 0 1 B E	03410 01111 B0111 01111 B011		I BRIBI IIII IIII	LOL 191 19 01
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State			4. FEI Numbe	605121		- I I	plied For Applicable
Zip		Country	Zip	Coun	itry		of Status Desired		5.00 Addi	itional
	6. Name and Address of Current Registered Agent					7. Name and	Address of New Ro		ee Required	,
			<u> </u>		Name					
GUNDERS 18401 MUF					Street Address (I	P.O. Box Numbe	r is Not Acceptable)		
PORT CHARLOTTE, FL 33948-1088										
					City			FL	Zip Code	,
8. The above the obligation	named entit	y submits this statement to	r the purpose of changing its	register	I ed office or register	ed agent, or both	h, in the State of Flo		l miliar with, a	and accept
SIGNATURE _										
	Signature, typed	for printed name of registered agent.	and little if applicable (NOTE	E Registere	d Agent signature required	when reinstating)		DATE		
Fil Du	ling Fee ue by Ma	is \$50.00 y 1, 2007						e check pa Departme		
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR		☐ Delete	TITU				İ	Change	Addition
NAME STREET ADDRESS	D.P.S. LAUNVEST, LLC				ET ADDRESS					ĺ
CITY-SI-ZIP	10897 154TH RO JULITER FL 74418 33478			CITY	-ST-ZIP					
THLE		•	☐ Delete	TITL				I	Change	☐ Addition
NAME SIFEET ADDRESS				NAM STRE	ET ADDRESS					
CITY ST ZIP				CITY	-ST-ZIP					
HILE			☐ Delete	TITL	I			l	☐ Change	Addition
NAMÉ STREET ADDRESS				1	ET ADDRESS					}
CITY-ST-ZIP	-			CITY	-ST-ZIP					
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CITY ST ZIP				CITY	-ST-ZIP					
TITLE NAME			☐ Delete	TITL: NAM					Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY ST ZIP				CITY	-ST-ZIP					
indicated	on this repo	ort is true and accurate and	this filing does not qualify for that my signature shall have sempowered to execute this	the same	e le⊈afeffect as if n	nade under oath:	; that I am a manag Statutes.	ing member	or manage	r of the
CICHAT			T LA	7 /	•	1/16	1200	321.7	28.5	858
SIGNAT	UKE: _	AND TYPED ON PRINTED JAME OF	SIGNING MANAGING MEMBER, MAI	GER, OF	R AUTHORIZED REPRESE	- / (O /	Date	<u>ر ۲۰۰۰</u> Day	ytime Phone #	