

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051845

Entity Name: EXOTIC ABYSS, LLC

FILED
Jun 27, 2007
Secretary of State

Current Principal Place of Business:

1228 HEMPEL AVE.
GOTHA, FL 34734

New Principal Place of Business:

6799 S. KRIKMAN RD.
ORLANDO, FL 32819

Current Mailing Address:

1228 HEMPEL AVE.
GOTHA, FL 34734

New Mailing Address:

6799 S. KRIKMAN RD.
ORLANDO, FL 32819

FEI Number: 20-4901909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, WADE F JR.
2901 CURRY FORD RD.
SUITE 212
ORLANDO, FL 32806 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: HAMILTON, JOHN M
Address: 1228 HEMPEL AVE.
City-St-Zip: GOTHA, FL 34734

Title: MGRM () Delete
Name: HAMEL, WILLIAM T
Address: 1228 HEMPEL AVE.
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMILTON, JOHN M
Address: 6799 S.KRIKMAN RD.
City-St-Zip: ORLANDO, FL 32819

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: JOHN M. HAMILTON

MGR

06/27/2007

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