


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90147 002 ****50.00

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1. Entity Name
ANALYTICAL BUSINESS BROKERS L.L.C.



Principal Place of Business Mailing Address
4389 SAXON DRIVE 4389 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169

60010249



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-5536152 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURZAWA, MARY K
4389 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**


9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BURZAWA, MARY K	4389 SAXON DRIVE	NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  Date: 1/26/07 Daytime Phone # (386) 4241413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE