

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096640

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** ABSTRACT HOLDINGS, LLC

**Current Principal Place of Business:**

4800 EUGENIA DRIVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

2730 U.S. #1 SOUTH  
SUITE J  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVOLIO, ROBERT R ESQ.  
2730 U.S. #1 SOUTH -SUITE J  
ST. AUGUSTINE, FL 32086      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:** MGR                      ( ) Delete  
**Name:** AVOLIO, ROBERT R P  
**Address:** 4800 EUGENIA DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

**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:** ROBERT P. AVOLIO                                      MGR                                      01/15/2009

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