

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-21-2007 90161 019 ****50.00

30005354

1st MOORE CR2E083 (10/06)

DOCUMENT # L06000106079 1. Entity Name ABAMLS, LLC																																															
Principal Place of Business 627 SQUIRE DRIVE WELLINGTON FL 33414			Mailing Address 627 SQUIRE DRIVE WELLINGTON FL 33414																																												
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																																												
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																												
City & State 			City & State 																																												
Zip 		Country 		4. FEI Number 56-2612825 Applied For Not Applicable																																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SCHLECHTER, MIKE 627 SQUIRE DRIVE WELLINGTON FL 33414																																											
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 55%;"> MGRM SCHLECHTER, MIKE 627 SQUIRE DRIVE WELLINGTON FL 33414 </td> <td style="width: 10%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2" style="width: 40%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHLECHTER, MIKE 627 SQUIRE DRIVE WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																												
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHLECHTER, MIKE 627 SQUIRE DRIVE WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition																																											
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition																																											
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition																																											
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition																																											
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition																																											
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition																																											
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mike Schlechter</i> Mike Schlechter 3-12-07 261-6448																																															