

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011813

FILED
Apr 30, 2009
Secretary of State

Entity Name: ABBEY MANAGEMENT, LLC

Current Principal Place of Business:

711 S. OSPREY AVENUE, SUITE 1
SARASOTA, FL 34236

New Principal Place of Business:

711 S. OSPREY AVENUE
SUITE 1
SARASOTA, FL 34236

Current Mailing Address:

711 S. OSPREY AVENUE, SUITE 1
SARASOTA, FL 34236

New Mailing Address:

711 S. OSPREY AVENUE
SUITE 1
SARASOTA, FL 34236

FEI Number: 20-8356613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAGLIONE, STEPHEN J
711 S. OSPREY AVE.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

BENTLEY, STEVEN J
711 S. OSPREY AVE.
SUITE 1
SARASOTA, FL 34236 US

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: STEVEN J. BENTLEY

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURTON-KATZMAN MANAGER, LLC
Address: 711 SOUTH OSPREY AVENUE, STE. 1
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: KATZMAN, ROBERT M
Address: 711 S. OSPREY AVENUE, SUITE 1
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 M. KATZMAN

P

04/30/2009

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