2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

DOCUMENT #L07000011830 1. Entity Name ABBEY REALTY, LLC						04-15-2008 90110 008 ***138.75			
Principal Place of Business 711 S OSPREY AVE STE 1 SARASOTA, FL 34236		Mulling Address 711 S OSPREY AVE STE 1 SARASOTA, FL 34236					50003	384	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					1818) (1881 1884) 1889 1984 88		
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		01042008	Chg-LLC	CR2E083 (12/06)			
City & State		City & State			4. FEI Numb	835630 <u>2</u>		plied For at Applicable	
Zip	Country	Zip	Coun	ntry		of Status Desired	□ \$5.00 Add	litional	
	6. Name and Address of Current	t Registered Agent		T	7. Name and	Address of New Re	Fee Required	<u> </u>	
	-			Name C1	J T	1. 1			
COMPTON, JOHN M 1819 MAIN STREET STE 610				Street Address (P.O. Box Number is Not Acceptable)					
SARASOT	A, FL 34236			711	S. Os	prey Ave.			
				City Co.	1000		FL Zip Code		
	named entity submits this statement f	or the purpose of changing it	ts registere	ed office or regist	ered agent, or bo	th, in the State of Flori			
SIGNATURE .	I tephen	7/45							
	Signature, typed or printed name of registered ager	st and this if applicable. / (NC	TE: Recistere	ed Agent signature requi	footbatenion coder has	-	DATE		
		T			Too which too be a few or the second				
FILE After May	NOW!!! FEE IS \$138.75 -				No. 1 de Sadary)		check payable to Department of State	e	
After May	NOWI!! FEE IS \$138.75 - 7 1, 2008 Fee will be \$538.7	ERS/MANAGERS	10.		- L		check payable to Department of State		
9.	NOWILL FEE IS \$138.75 - 7 1, 2008 Fee will be \$538.7 MANAGING MEMB	5	10.	E		Florida	check payable to Department of State	e	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Honda 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SICKING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dose

Description Phone P