2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L07000036408

Entity Name: ABP PROPERTIES, LLC

Current Principal Place of Business:

108 N MAGNOLIA AVE
SUITE 600
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

108 N MAGNOLIA AVENUE
SUITE 600
OCALA, FL 34475 US

New Mailing Address:

108 N MAGNOLIA AVE
SUITE 600
OCALA, FL 34475 US

FEI Number: 20-8782848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, WILLIAM A ESQUIRE
1531 SE 36TH AVENUE
OCALA, FL 34471 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: MGRM ( ) Delete
Name: POZZUTO, ANDREW T
Address: 108 N MAGNOLIA AVENUE, SUITE 600
City-St-Zip: OCALA, FL 34475 US

Title: MGRM ( ) Delete
Name: BIRD, CHRISTINE N
Address: 108 N MAGNOLIA AVENUE, SUITE 600
City-St-Zip: OCALA, FL 34475 US

Title: MGRM ( ) Delete
Name: ALAVI, TANIA Z
Address: 108 N MAGNOLIA AVENUE, SUITE 600
City-St-Zip: OCALA, FL 34475 US

ADDITIONS/CHANGES:

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

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: ANDREW POZZUTO MGRM 01/15/2009

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