

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067372

Entity Name: ABACO HOLDINGS, LLC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

919 HOSPITAL DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

919 HOSPITAL DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 26-0446881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, MICHAEL A
338 SUDDETH CIR
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

KELLEY, CHARLES R JR
919 HOSPITAL DRIVE
NICEVILLE, FL 32578 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: CHARLES R. KELLEY, JR

04/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KELLY, MICHAEL A
Address: 338 SUDDETH CIR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: KELLY, CHARLES R JR
Address: 38 BOY DRIVE SE
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KELLEY, MICHAEL A
Address: 338 SUDDUTH CIR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: MGRM (X) Change () Addition
Name: KELLEY, CHARLES R JR
Address: 37 BAY DRIVE SE
City-St-Zip: FT WALTON BEACH, FL 32548

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: CHARLES R. KELLEY, JR

MGRM

04/10/2008

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