2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033435

Entity Name: ABACUS INVESTMENTS, L.L.C.

13392 COOPER ROAD

SPRING HILL, FL 34609

Address:

City-St-Zip:

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6640 STATE ROAD 52 WEST HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** 6640 STATE ROAD 52 WEST HUDSON, FL 34667 FEI Number: 26-2351796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLIMIS, GEORGE N 27 EAST ORNGE STREET TARPON SPRINGS, FL 34689 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BATES, MICHAEL R Name: Name: 1304 BARRANCA AVE. Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: WOHLFIEL, RICHARD J Name: Address: 10181 HOOVER STREET Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WOHLFIEL, RONALD J Name: Name: Address: 16401 LARSON LANE Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LYALL, ROBERT M Name: Address: 13392 COOPER ROAD Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LYALL, TAMMY L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TAMMY LYALL MNGR 03/25/2009