

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000117045

Entity Name: ABC PARTNERSHIP, LLC

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

504 CATANIA LANE  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

504 CATANIA LANE  
KISSIMMEE, FL 34759

**New Mailing Address:**

FEI Number: 26-4031687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIES, NICOLINA  
504 CATANIA LANE  
KISSIMMEE, FL 34759 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: MGR  
Name: DAVIES, NICOLINA  
Address: 504 CATANIA LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: MGRM  
Name: DAVIES, RICHARD J  
Address: 504 CATANIA LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: MGRM  
Name: THE COD LIMITED PARTNERSHIP, LP  
Address: PO BOX 28003  
City-St-Zip: ST JOHNS, NL A1B4J8

I hereby 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: NICOLINA DAVIES

MGR.

03/16/2011

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