

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 26, 2010  
Secretary of State**

DOCUMENT# L09000029799

Entity Name: ABP MARION, LLC

**Current Principal Place of Business:**

16 S.E. BROADWAY STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3988  
OCALA, FL 34478 US

**New Mailing Address:**

FEI Number: 26-4545278      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PEEK, ALBERT B  
16 S.E. BROADWAY STREET  
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  
Name: ALBERT B. PEEK REVOCABLE TRUST  
Address: P.O. BOX 3988  
City-St-Zip: Ocala, FL 34478 US

Title: MGRM  
Name: MARILYN J. PEEK REVOCABLE TRUST  
Address: P.O. BOX 3988  
City-St-Zip: Ocala, FL 34478 US

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: ALBERT B PEEK REVOCABLE TRUST      MGRM      04/26/2010

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