


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

|  |                           |   |  |   |  |
|--|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999   |                           |    |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>FILING FEE \$ 188.75</b>  |                           | <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b><br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>   |  |   |  |
| 1. Name and Mailing Address of Limited Liability Company<br><b>ABRAHAMSON'S REPAIRS, L.C.<br/>7551 BLACKJACK CIRCLE<br/>NAVARRE FL 32566</b>   |                           | <b>DOCUMENT # L97000000544</b>  |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |                           | 2a. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  | 3. Date Organized or Qualified<br><b>05/19/1997</b><br>3a. State of Formation<br><b>FL</b><br>4. FEI Number<br><b>59-3448975</b><br>5. Date of Last Report<br><b>04/22/1998</b><br>6. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> |  |
| 7. Name and Address of Current Registered Agent<br><b>HAUGHT, ALEXANDRA R<br/>5 CLIFFORD DRIVE<br/>SUITE 12<br/>SHALIMAR FL 32579</b>  |                           | 8. Name and Address of New Registered Agent/Office<br>Name <b>Daniel C. Perri, Attorney at Law</b><br><i>Daniel C. Perri</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5 Clifford Drive</b><br>Suite, Apt. <del>5</del><br>City <b>Shalimar,</b> Zip Code <b>FL 32579</b> |  |   |  |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.<br>SIGNATURE <i>Virginia A Lind</i> DATE <b>4-27-99</b><br><small>(Registered Agent Accepting Appointment) (If not Registered Agent signature required when filing this statement)</small>  |                           |   |  |   |  |
| 10. Title  | Managing Members/Managers | Business Street Address   |  | City, State and Zip Code  |  |
| MGRM   | <b>LIND, VIRGINIA</b>     | <b>13 HOLMES BLVD</b>   |  | <b>FT WALTON BEACH FL</b>   |  |
| MEM  | <b>ABRAHAMSON, BRYAN</b>  | <b>7551 BLACKJACK CIRCLE</b>  |  | <b>NAVARRE FL</b>   |  |
|  |                           |   |  | <b>900002870049-1</b><br><b>-05/10/99 --01134 --024</b><br><b>****188.75 ****188.75</b><br><i>[Signature]</i>   |  |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.<br><b>SIGNATURE:</b> <i>Virginia A Lind</i> <b>4-27-99 850-244-5959</b><br><small>SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED MANAGER OR MEMBER REQUIRED</small> |                           |   |  |   |  |