


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90230 027 \*\*\*\*55.00

<b>DOCUMENT # L99000004035</b>	
1. Entity Name <b>ABC-I, LLC</b>	

Principal Place of Business <b>2212 58TH AVE E BRADENTON, FL 34203</b>	Mailing Address <b>2212 58TH AVE E BRADENTON, FL 34203</b>
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**DO NOT WRITE IN THIS SPACE**



02232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>65-0933672</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KNOWLES, TIMOTHY A ESQ.  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

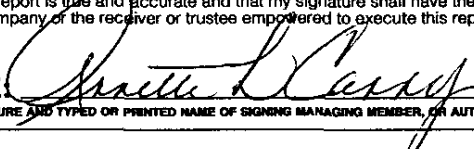
**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BERUFF, CARLOS 6800 COUNTRY LAKES CR. SARASOTA, FL 34243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CANNY, ANNETTE 4020 73RD TERRACE E SARASOTA, FL 34243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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.

**SIGNATURE:**  **2-23-04** **941-544-3671**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #