

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004035

Entity Name: ABC-I, LLC

FILED  
Feb 06, 2005  
Secretary of State

**Current Principal Place of Business:**

2212 58TH AVE E  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

2212 58TH AVE E  
BRADENTON, FL 34203

**New Mailing Address:**

4020 73RD TERR. E  
SARASOTA, FL 34243

FEI Number: 65-0933672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

Title: P ( ) Delete  
Name: BERUFF, CARLOS  
Address: 6800 COUNTRY LAKES CR.  
City-St-Zip: SARASOTA, FL 34243

Title: VP ( ) Delete  
Name: CANNY, ANNETTE  
Address: 4020 73RD TERRACE E  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BERUFF, CARLOS  
Address: 6800 COUNTRY LAKES CR.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM (X) Change ( ) Addition  
Name: CANNY, ANNETTE  
Address: 4020 73RD TERRACE E  
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNETTE L. CANNY

MGRM

02/06/2005

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