

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90043 040 ****55.00

DOCUMENT # M01000001879

1. Entity Name

ABV OF FLORIDA, LLC



Principal Place of Business

1503 RIVER FARM DRIVE
ALEXANDRIA VA 22308

Mailing Address

1503 RIVER FARM DRIVE
ALEXANDRIA VA 22308

2. Principal Place of Business

2212 SE 17TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

4. FEI Number

54-2044245

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRETZ, RAYMOND
2212 S.E. 17TH STREET
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

ALAN CARTER

Street Address (P.O. Box Number is Not Acceptable)

~~1503 RIVER FARM DRIVE~~

2212 SE 17TH STREET

City

~~FORT LAUDERDALE~~
ALEXANDRIA, VA

FL

Zip Code

33316

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

Alan Carter

1/19/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
NAME **MGRM**
STREET ADDRESS **CARTER, ALAN**
CITY-ST-ZIP **2212 S.E. 17TH STREET
FORT LAUDERDALE FL 33316**

TITLE Delete
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE Change Addition
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CITY-ST-ZIP

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:

Alan Carter **ALAN CARTER**

1/22/03

954 779 7499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)