

# 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: [Blank]

Suite, Apt. #, etc. [Blank]

City & State: FORT LAUDERDALE, FL  
City & State: [Blank]

Zip: 33316 Country: USA  
Zip: [Blank] Country: [Blank]



CHECK HERE IF MAKING CHANGES

4. FEI Number: 54-2044245  
Applied For: Not Applicable

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, 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 DATE: 1/19/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: CARTER, ALAN STREET ADDRESS: 2212 S.E. 17TH STREET CITY-ST-ZIP: FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 1/22/03 Daytime Phone #: 954 779 7499

CR2E083 (10/02)