## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Apr 17, 2007 8:00 am Secretary of State

DOCUMENT # M0100002275  1. Entity Name ABRAMS-LLEWELLYN II LLC							04-17-2007 90248 025 ****50.00				
Principal Plac	ce of Business		Mailing Address		L						
4710 EISENHOWER BLVD. C-1			4710 EISENHOWER BLVD. C-1								
TAMPA, FL 33634-6334			TAMPA, FL 33634-6334						IIII BUKI UUU III		
2. Principal P	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02272007	Chg-LLC	CR2E08	33 (12/06)	
City & State			City & State				4. FEI Number Applied For 59-3748617 Not Applied			plied For t Applicable	
Zip	:	Country	Zip	Coun	try		5. Certificate	of Status Desired		<b>5.00</b> Add ee Required	
	6. Name as	nd Address of Current R	egistered Agent		Name	······································	7. Name and	Address of New	Registered A	gent	
PETER LA	WRENCE (	COMMERCIAL REAL	L ESTATE	Name							
4710 EISE	NHOWER E L 33634-63	BLVD. C-1		Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Code	)
8. The above	named entity s	submite this statement for				registere	ered agent, or both, in the State of Florida. I am familiar with, and accept				and accent
	tions of register		The herbose or changing to	ragisto.	du omos c.	legisto.	su again, or co.	II, III IIIO OIAIO O	Tonua, Fun ic	2114.11 <b>G</b> 1 ******.	and accept
SIGNATURE	Sionature, typed or	printed name of registered agent an	ict title if applicable. (NOTI	E. Registere	d Agent signatu	re required s	when reinstating)		DATE		
	0.9										
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State				
9.		MANAGING MEMBER	:S/MANAGERS	10.				ADDITIONS	S/CHANGES		
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	MGR	14.481	☐ Defete	TITLE		P				Change	7
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