2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# M05000004523

Entity Name: ABAR, LLC

Current Principal Place of Business:

8417 TIVOLI DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 32836

Current Mailing Address:

8417 TIVOLI DRIVE
ORLANDO, FL 32836

New Mailing Address:

9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 32836

FEI Number: 20-3300772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARIKH, AMISH M
8417 TIVOLI DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

PARIKH, AMISH M
9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 32836 US

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: _____ 04/17/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PARIKH, AMISH M
Address: 8417 TIVOLI DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGR ( ) Delete
Name: PARIKH, BEENA M
Address: 8417 TIVOLI DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PARIKH, AMISH M
Address: 9347
City-St-Zip: ORLANDO, FL 32836

Title: MGR (X) Change ( ) Addition
Name: PARIKH, BEENA M
Address: 9347 CHARLES E. LIMPUS ROAD
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BEENA PARIKH MGR 04/17/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date