

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # M06000003714

1. Entity Name
ABNK HOLDCO, LLC



Principal Place of Business
**1800 MOLER ROAD
COLUMBUS, OH 43207**

Mailing Address
**1800 MOLER ROAD
COLUMBUS, OH 43207**



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ABNK ACQUISITION, LLC
STREET ADDRESS	1800 MOLER ROAD
CITY-ST-ZIP	COLUMBUS, OH 43207

TITLE	
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CITY-ST-ZIP	

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05/16/07-80017-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

4/24/07 614-221-9200
Date Daytime Phone #

OK