


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90118 014 \*\*\*\*50.00

**DOCUMENT # L01000009442**

1. Entity Name  
**ABUS, LLC**



Principal Place of Business  
 321 JEFFERSON ST  
 2ND FLOOR  
 HOLLYWOOD, FL 33019

Mailing Address  
 321 JEFFERSON ST  
 2ND FLOOR  
 HOLLYWOOD, FL 33019

24062881



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**18851 N.E. 29<sup>th</sup> AVENUE**  
 Suite, Apt. #, etc.  
**722**  
 City & State  
**AVENTURA, FLA.**  
 Zip  
**33180**  
 Country  
**U.S.A.**

03262004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**76-0715973**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROUSSO, MARK E ESQ.**  
**3440 HOLLYWOOD BLVD.**  
**SUITE 360**  
**HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

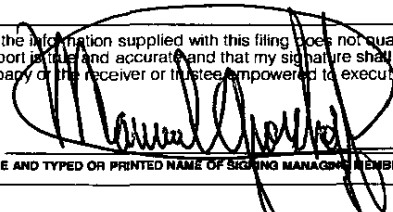
**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	NORBERTO SAAL, JOSE	321 JEFFERSON ST, 2ND FLOOR	HOLLYWOOD, FL 33019	<input type="checkbox"/>
MGR	GROSSKOPF, MANUEL	321 JEFFERSON ST., 2ND FLOOR	HOLLYWOOD, FL 33019	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>18851 N.E. 29<sup>th</sup> AVE. #722</b>	<b>AVENTURA, FLA. 33180</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>18851 N.E. 29<sup>th</sup> AVENUE, #722</b>	<b>AVENTURA, FLA. 33180</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_