


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005290

1. Entity Name
CABI G-SITE, LLC



Principal Place of Business 20803 BISCAYNE BLVD SUITE 405 MIAMI, FL 33180	Mailing Address 20803 BISCAYNE BLVD SUITE 405 MIAMI, FL 33180
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06092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0861574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 MIAMI, FL 33146**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
 Due by September 5, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIEL, ELIAS C 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIEL, ABRAHAM C 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIEL, JACOBO C 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 06/28/04-80001-006 50.00

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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, and is duly empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Jacobo Cabrerie, Director 6/10/04 305-466-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Manager Date Daytime Phone #