


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L02000018832 <small>1. Entity Name</small> CABI NEW RIVER, LLC	
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<small>Principal Place of Business</small> 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180	<small>Mailing Address</small> 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180
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**DO NOT WRITE IN THIS SPACE**



06092004 No Chg-LLC	CF2E083 (10/03)
<small>4. FEI Number</small> 52-2370247	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<small>6. Name and Address of Current Registered Agent</small>  ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, 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 \_\_\_\_\_ 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 September 8, 2004**

<small>9. MANAGING MEMBERS/MANAGERS</small>	
<small>TITLE</small> MGR <small>NAME</small> CABABIE DANIEL, ELIAS <small>STREET ADDRESS</small> 20803 BISCAYNE BLVD., SUITE 405 <small>CITY - ST - ZIP</small> MIAMI, FL 33180	
<small>TITLE</small> MGR <small>NAME</small> CABABIE DANIEL, ABRAHAM <small>STREET ADDRESS</small> 20803 BISCAYNE BLVD., SUITE 405 <small>CITY - ST - ZIP</small> MIAMI, FL 33180	
<small>TITLE</small> MGR <small>NAME</small> CABABIE DANIEL, JACOBO <small>STREET ADDRESS</small> 20803 BISCAYNE BLVD., SUITE 405 <small>CITY - ST - ZIP</small> MIAMI, FL 33180	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> CITY - ST - ZIP	
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<small>TITLE</small> NAME <small>STREET ADDRESS</small> CITY - ST - ZIP	

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 06/28/04-80001-005 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)(l), 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:**  Jacobo Cababie, Director, 6/10/04 305-466-1810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #