
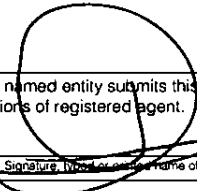
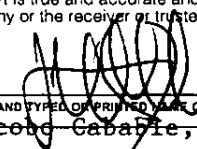


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019545					
1. Entity Name CABI DOWNTOWN, LLC					
Principal Place of Business 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180			Mailing Address 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146				Name <b>CT Corporation System</b>	
				Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
				City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>	
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  <b>PETER F. SOUZA</b> Assistant Secretary				DATE <b>4/12/06</b>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABABIE, ELIAS 19950 W COUNTRY CLUB DRIVE #900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABABIE, JACOBO 19950 W COUNTRY CLUB DRIVE #900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, Manager, or Authorized Representative <b>Jacobo Cababie, Manager</b>				Date <b>4/12/06</b> Daytime Phone #	



02022006    Chg-LLC    CR2E083 (11/05)

4. FEI Number  
**54-2070838**      Applied For  
Not Applicable

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

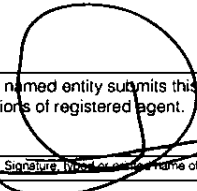
7. Name and Address of New Registered Agent

Name: **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable): **1200 S. Pine Island Road**

City: **Plantation**      **FL**      Zip Code: **33324**

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:  **PETER F. SOUZA**  
Assistant Secretary

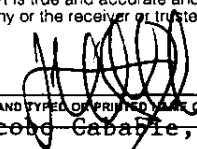
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature 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, Manager, or Authorized Representative  
**Jacobo Cababie, Manager**

Date: **4/12/06**  
Daytime Phone #