

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028975

Entity Name: 83 HARDING HOLDINGS, LLC

FILED  
Mar 08, 2005  
Secretary of State

**Current Principal Place of Business:**

C/O ABRAHAM CHEHEBAR  
10800 BISCAYNE BLVD., #770  
MIAMI, FL 33161

**New Principal Place of Business:**

C/O ABRAHAM CHEHEBAR  
7145 COLLINS AVENUE  
MIAMI, FL 33141

**Current Mailing Address:**

C/O ABRAHAM CHEHEBAR  
10800 BISCAYNE BLVD., #770  
MIAMI, FL 33161

**New Mailing Address:**

C/O ABRAHAM CHEHEBAR  
7145 COLLINS AVENUE  
MIAMI, FL 33141

FEI Number: 81-0578729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHEHEBAR, ABRAHAM  
10800 BISCAYNE BLVD., #770  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

CHEHEBAR, ABRAHAM  
7145 COLLINS AVENUE  
MIAMI, FL 33141 US

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.

SIGNATURE: \_\_\_\_\_

03/08/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TRADEPRO HOLDINGS, L, LC  
Address: 10800 BISCAYNE BLVD., #770  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TRADEPRO HOLDINGS, L, LC  
Address: 7145 COLLINS AVENUE  
City-St-Zip: MIAMI, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ABRAHAM CHEHEBAR

C/O

03/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date