


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90084 004 ****50.00

DOCUMENT # L02000033036

1. Entity Name
 ABA-01, LLC



Principal Place of Business
 10800 BISCAYNE BLVD., SUITE 700
 MIAMI, FL 33161

Mailing Address
 10800 BISCAYNE BLVD., SUITE 700
 MIAMI, FL 33161



2. Principal Place of Business
 7145 COLLINS AV

3. Mailing Address
 7145 COLLINS AV

Suite, Apt. #, etc.

09212004 Chg-LLC CR2E083 (10/03)

City & State
 MIAMI BEACH, FL

City & State
 MIAMI BEACH, FL

Zip
 33141

Country
 OADR

Zip
 33154

Country
 OADR

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MENENDEZ, ANTONIO R
 150 W FLAGLER ST.
 MUSEUM TOWER, SUITE 2200
 MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
 SITTERSON, CURTIS H.

Street Address (P.O. Box Number is Not Acceptable)
 150 W. Flagler St.
 Museum Tower, Suite 2200

City
 Miami

FL

Zip Code
 33130

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 Curtis H. Sitterson

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME BASSAL, ALBERTO | |
| STREET ADDRESS 10800 BISCAYNE BLVD, #700 | |
| CITY-ST-ZIP MIAMI, FL 33161 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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] 09/20/04 (305) 776-0768

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