


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/8
FILED
Jul 22, 2004 8:00 am
Secretary of State

07-08-2004 90010 041 ****50.00

DOCUMENT # L03000007082					
1. Entity Name CABI LIMITED PARTNERS, LLC					
Principal Place of Business 20803 BISCAYNE BOULEVARD STE. 405 AVENTURA, FL 33180			Mailing Address 20803 BISCAYNE BOULEVARD STE. 405 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. 150 SAN REMO AVENUE STE. 125 CORAL GABLES, FL 33146				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating)					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABABIE, ABRAHAM		NAME		
STREET ADDRESS	20803 BISCAYNE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABABIE, ELIAS		NAME		
STREET ADDRESS	20803 BISCAYNE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABABIE, JACOBO		NAME		
STREET ADDRESS	20803 BISCAYNE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 808, Florida Statutes.					
SIGNATURE: _____		Jacobo Cababie Director 6/10/04 305-466-1810 _____ Signature and typed or printed name of the managing member, manager, or authorized representative Date Daytime Phone #			

04000400



08092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 NOT APPLICABLE TO LLC Applied For
 Not Applicable

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

FL Zip Code

Make check payable to
 Florida Department of State