


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-12-2004 90131 043 ****50.00

DOCUMENT # L03000007088

1. Entity Name
CABI SEABREEZE, LLC



Principal Place of Business
**20803 BISCAYNE BLVD., SUITE 405
 AVENTURA, FL 33180**

Mailing Address
**20803 BISCAYNE BLVD., SUITE 405
 AVENTURA, FL 33180**

34009454



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06092004 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

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC
 1500 SAN REMO AVENUE, SUITE 125
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by September 8, 2004**



9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	CABABIE, ABRAHAM	20803 BISCAYNE BLVD., SUITE 405	AVENTURA, FL 33180	<input type="checkbox"/>
MGR	CABABIE, ELIAS	20803 BISCAYNE BLVD., SUITE 405	AVENTURA, FL 33180	<input type="checkbox"/>
MGR	CABABIE, JACOBO	20803 BISCAYNE BLVD., SUITE 405	AVENTURA, FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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:  **Jacob Cababie Director, 6/10/04 305-466-1018**
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #