

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005241

FILED
Jun 18, 2004
Secretary of State

Entity Name: CABI DEVELOPERS, LLC

Current Principal Place of Business:

20803 BISCAYNE BLVD
SUITE 405
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

20803 BISCAYNE BLVD
SUITE 405
MIAMI, FL 33180

New Mailing Address:

FEI Number: 52-2313576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CABABIE, DANIEL
Address: 701 BRICKELL AVE, STE 3000
City-St-Zip: MIAMI, FL 33131

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ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABABIE, ELIAS
Address: 20803 BISCAYNE BOULEVARD, STE 405
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change () Addition
Name: CABABIE, ABRAHAM
Address: 20803 BISCAYNE BOULEVARD, STE 405
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change () Addition
Name: CABABIE, JACOBO
Address: 20803 BISCAYNE BOULEVARD, STE 405
City-St-Zip: AVENTURA, FL 33180

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: JACOBO CABABIE

MGR

06/18/2004

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