


**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  
 DADE

Zip  
 33154

Country  
 DADE

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 #