

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005241

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: CABI DEVELOPERS, LLC

**Current Principal Place of Business:**

19950 W. COUNTRY CLUB DRIVE  
SUITE 900  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

19950 W. COUNTRY CLUB DRIVE  
SUITE 900  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 52-2313576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

Title: MGR  
Name: CABABIE DANIEL, ELIAS  
Address: 19950 W COUNTRY CLUB DRIVE #900  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR  
Name: CABABIE DANIEL, ABRAHAM  
Address: 19950 W COUNTRY CLUB DRIVE #900  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR  
Name: AMKIE LEVY, ELIAS  
Address: 19950 W COUNTRY CLUB DRIVE #900  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR  
Name: HARARI TUSSIE, RAFAEL  
Address: 19950 W. COUNTRY CLUB DRIVE #900  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR  
Name: DAYAN TAWIL, JAIME  
Address: 19950 W. COUNTRY CLUB DRIVE #900  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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: ELIAS AMKIE LEVY

M

04/28/2010

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