LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

L02000033036

1. Entity Name

ABA-01, LLC



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90067 003 ****50.00

D	O NOT WRITE	IN THIS S	SPACE			
Principal Place of Business 0800_Biscayne_Blvd. Suite, Apt. #, etc.		3. Mailing Address 10800 Biscayne Blvd. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Suite 700 Sui		Suite 700)	4. FEI Number	Applied For	
City & State		City & State		4. FEI Number	x Not Applicable	
<u>liami, </u>		Miami, FI	Country	= -5. Certificate of Status Desired	\$5.00 Additional Fee Required	
Zip 33161	Country	33161		7. Name and Address of Current Register		
e representativa da dan			Name			
DO NOT WRITE IN THIS SPACE			Stroot Address	Antonio R. Menendez Street Address (P.O. Box Number is Not Acceptable) 150 W. Flagler St. Suite 2200		
			City	ami		
B. The above the obligation	named entity submits this statement ons of registered agent.	for the purpose of changin	g its registered office or regist	ered agent, or both, in the State of Florida. I an		
SIGNATURE -	Signature, typed or printed name of registered age	ent and title if applicable.	a series and the seri	DATE		
		Make Check Pa	FEE IS \$50.00 yable to Florida Departm DUE BY MAY 1	nent of State		
9.		BERS/MANAGERS	INTLE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Alberto Bassal 10800 Biscayne I Miami, FL 3316		NAME STREET ADDRESS CITY-ST-ZIF			
TITLE NAME			TITLE NAME STREET ADDRESS	matta (1904), ja selest tariha tariha ili eta		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			NAME			
NAME STREET ADDRESS			STREET ADORESS CITY-ST-ZIP	DO NOT WE	RITE	
CITY-ST-ZIP			TITLE	IN THIS SPA	NCE	
TITLE NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST = ZIP			
TITLE			TITLE			
NAME			NAME Street Address			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE			
NAME			NAME STREET ADDRESS			
STREET ADDRESS City-ST-ZIP			CITY-ST-ZIP	n Section 119.07(3)(i). Florida Statutes. I furthe	er certify that the information	
11. I hereby indicate limited I	certify that the information supplied d on this report is true and accurate jability company or the receiver or tr	with this filing does not que and that my signature shal ustee empowered to execu	ality for the exemption stated in the large the same legal effect as the this report as required by C	in Section 119.07(3)(i), Florida Statutes. I furthes if made under oath; that I am a managing mathapter 608, Florida Statutes.	ember or manager of the	

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE