


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000Q0008033		
1. Entity Name ABRAHAM INVESTMENT GROUP, L.L.C.		

FILED

2003 AUG 25 PM 2:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business C/O EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131	Mailing Address C/O EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 12-4464795	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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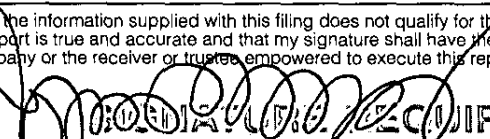
6. Name and Address of Current Registered Agent EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI FL 33131	
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7. Name and Address of New Registered Agent	
Name	CYRUS MEHRPOUYAN
Street Address (P.O. Box Number is Not Acceptable)	3510 PINE TREE DRIVE
City	MIAMI BEACH FL
Zip Code	33140

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	8/19/03

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003		300022554273 08/25/03--01099--004 **\$50.00
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEHRPOUYAN, CYRUS 3510 PINE TREE DRIVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	8/19/03 305-525-8628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	