

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013251

Entity Name: ABOOD HOLDINGS, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

C/O SCOTT A. SILVER
1110 BRICKELL AVE., PENTHOUSE ONE
MIAMI, FL 33131

Current Mailing Address:

C/O SCOTT A. SILVER
1110 BRICKELL AVE., PENTHOUSE ONE
MIAMI, FL 33131

New Principal Place of Business:

C/O SCOTT A. SILVER
18001 OLD CUTLER ROAD, SUITE 600
MIAMI, FL 33157

New Mailing Address:

C/O SCOTT A. SILVER
18001 OLD CUTLER ROAD, SUITE 600
MIAMI, FL 33157

FEI Number: 65-1050867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, SCOTT A
SILVER, GARVETT & HENKEL, P.A.
1110 BRICKELL AVE., PENTHOUSE ONE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SILVER, SCOTT A
SILVER, GARVETT & HENKEL, P.A.
18001 OLD CUTLER ROAD, SUITE 600
MIAMI, FL 33157 US

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: SCOTT A. SILVER

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABOOD, DONNA
Address: 1110 BRICKELL AVE., PH ONE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ABOOD, DONNA
Address: 18001 OLD CUTLER ROAD, SUITE 600
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DONNA ABOOD

MGR.

04/24/2006

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