

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# L01000013111

Entity Name: ABC PROPERTIES, LLC

**Current Principal Place of Business:**

1390 SOUTH DIXIE HIGHWAY  
SUITE 2120  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1390 SOUTH DIXIE HIGHWAY  
SUITE 2120  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 59-2450916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARAZOZA & FERNANDES-FRAGA, P.A.  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134 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      ( ) Delete  
Name: GUERRA, ARMANDO  
Address: 9475 JOURNEYS END RD.  
City-St-Zip: CORAL GABLES, FL 33156

Title: MGR      ( ) Delete  
Name: GUERRA, ALBERTO  
Address: 9475 JOURNEYS END RD.  
City-St-Zip: CORAL GABLES, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: GUERRA, ARMANDO J  
Address: 9475 JOURNEYS END RD.  
City-St-Zip: CORAL GABLES, FL 33156

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARMANDO J GUERRA

MGR

01/07/2008

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