


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

47

**FILED**

**Jun 21, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000018436</b> 1. Entity Name <b>CABI AVENTURA CONDO, LLC</b>	
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Principal Place of Business  
**20803 BISCAYNE BLVD  
SUITE 405  
MIAMI, FL 33180**

Mailing Address  
**20803 BISCAYNE BLVD  
SUITE 405  
MIAMI, FL 33180**



06092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1155181</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
MIAMI, FL 33146**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

U000000162791

08/21/04-80003-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABABIE, ELIAS 20801 BISCAYNE BLVD STE 306 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABABIE, ABRAHAM 20801 BISCAYNE BLVD STE 306 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABABIE, JACOBO 20801 BISCAYNE BLVD STE 306 MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Jacobo Cababie, Director* 6/10/04 305-466-1810  
Manager Date Daytime Phone #