

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90013 015 ****50.00

DOCUMENT # L02000013724

1. Entity Name

ABB PROPERTIES, L.L.C.



Principal Place of Business

12475 S. DIXIE HIGHWAY
MIAMI FL 33156

Mailing Address

12475 S. DIXIE HIGHWAY
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

33-1008583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, WILLIAM P JR
9300 S. DADELAND BLVD., SUITE 308
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP ☐ Delete
NAME FRASER-LOGAN, ANGEL
STREET ADDRESS 12475 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33156

TITLE MGRS ☐ Delete
NAME FRASER, LEWIS A
STREET ADDRESS 12805 SW 84 AVE RD
CITY-ST-ZIP MIAMI FL 33156

TITLE T ☐ Delete
NAME SLUTSKY, SHEILA
STREET ADDRESS 12475 SO. DIXIE HWAY
CITY-ST-ZIP MIAMI FL 33156

TITLE S ☐ Delete
NAME HARRIS, WILLIAM P
STREET ADDRESS 9300 SO. DADELAND BLVD. #308
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 29, 2004 (305) 969-8878

Date

Daytime Phone #