

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

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



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**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 re-filing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	FRASER-LOGAN, ANGEL
STREET ADDRESS	12475 SO. DIXIE HIGHWAY
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	MGRS
NAME	FRASER, LEWIS A
STREET ADDRESS	12805 SW 84 AVE RD
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	T
NAME	SLUTSKY, SHEILA
STREET ADDRESS	12475 SO. DIXIE HWAY
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	S
NAME	HARRIS, WILLIAM P
STREET ADDRESS	9300 SO. DADELAND BLVD. #308
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/18/05-80042-003 50.00

**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)(f), 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ANGEL FRASER-LOGAN

Date

Daytime Phone #

2/15/05 3052325573