

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024832

FILED
Sep 05, 2007
Secretary of State

Entity Name: LATOUR & ABAD ASSOCIATES, L.L.C.

Current Principal Place of Business:

13482 SW 131 STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13482 SW 131 STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 52-2379379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUTIERREZ, NICOLAS J JR ESQ
2665 S. BAYSHORE DRIVE
SUITE 701
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LATOUR, ALFREDO
Address: 2581 N.W. 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: LATOUR, NILDA
Address: 2581 N.W. 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: ABAD, JAIME
Address: 2581 N.W. 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

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

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

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: NILDA LATOUR

MGR

09/05/2007

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