


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90084 004 ****50.00

DOCUMENT # L02000033036	
1. Entity Name ABA-01, LLC	

Principal Place of Business 10800 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33161
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2. Principal Place of Business 7145 COLLINS AV Suite, Apt. #, etc.	3. Mailing Address 7145 COLLINS AV Suite, Apt. #, etc.
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City & State MIAMI BEACH, FL Zip 33141 Country DADE	City & State MIAMI BEACH, FL Zip 33154 Country DADE
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09212004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent MENENDEZ, ANTONIO R 150 W FLAGLER ST. MUSEUM TOWER, SUITE 2200 MIAMI, FL 33130	
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7. Name and Address of New Registered Agent Name SITTERSON, CURTIS H. Street Address (P.O. Box Number is Not Acceptable) 150 W. Flagler St. Museum Tower, Suite 2200 City Miami FL Zip Code 33130	
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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 <u>Curtis H. Sitterson</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSAL, ALBERTO 10800 BISCAYNE BLVD, #700 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	09/20/04 Date	(305) 776-0768 Daytime Phone #
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