

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008289

FILED
Apr 23, 2004
Secretary of State

Entity Name: W.A.B. PROPERTIES I, LLC

Current Principal Place of Business:

701 BRICKELL AVENUE
SUITE 701
MIAMI, FL 33131

New Principal Place of Business:

1922 NE 118TH ROAD
N. MIAMI, FL 33181

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131

New Mailing Address:

1922 NE 118TH ROAD
N. MIAMI, FL 33181

FEI Number: 20-0817207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, SHERRI
701 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HELLER, SHERRI
1922 NE 118TH ROAD
N. MIAMI, FL 33181 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: SHERRI HELLER

04/23/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HELLER, SHERRI
Address: 701 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: LICHY, KATHY
Address: 1178 PRESIDENTIAL WAY
City-St-Zip: N. MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HELLER, SHERRI
Address: 1922 NE 118TH ROAD
City-St-Zip: N. MIAMI, FL 33181

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRI HELLER

MGRM

04/23/2004

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