

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008289

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

FILED
Feb 28, 2006
Secretary of State

Current Principal Place of Business:

1922 NE 118TH ROAD
N. MIAMI, FL 33181

New Principal Place of Business:

18205 BISCAYNE BLVD.
2205
AVENTURA, FL 33160

Current Mailing Address:

1922 NE 118TH ROAD
N. MIAMI, FL 33181

New Mailing Address:

18205 BISCAYNE BLVD.
2205
AVENTURA, FL 33160

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
1922 NE 118TH ROAD
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

HELLER, SHERRI
18205 BISCAYNE BLVD.
2205
AVENTURA, FL 33160 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:

02/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: 18205 BISCAYNE BLVD. , SUITE 2205
City-St-Zip: AVENTURA, FL 33160

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 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: SHERRI HELLER

MGRM

02/28/2006

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