2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-15-2004 90117 014 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000014357

1. Entity Name
ABMS PROPERTIES, LLC

Principal Place of Business	Mailing Address
20871 JOHNSON STREET SUITE 108 PEMBROKE PINES FL 33029	20871 JOHNSON STREET SUITE 108 PEMBROKE PINES FL 33029
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 57-1178283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM JOHN DIPETRILLO AND ASSOCIATES, P 400 S. E 8TH STREET FORT LAUDERDALE FL 33316	Name: Gonzalez & Herbert, P.A. Street Address (P.O. Box Number is Not Acceptable): 2225 North Commerce Parkway Suite 8 City: Weston FL Zip Code: 33326

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: Maritza Gonzalez P.A.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: D NAME: Bellonn, Alberto STREET ADDRESS: 20871 Johnson St. Suite 108 CITY-ST-ZIP: Pembroke Pines, FL 33029	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: D NAME: Contreros, Marta Salas STREET ADDRESS: 20871 Johnson St. Suite 108 CITY-ST-ZIP: Pembroke Pines, FL 33029	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/12/04 (954)443-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #