2005 LIMITED LIABILITY COMPANY - ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State
05-06-2005 90031 026 ****50.00

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

30007671

DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC CR2E083 (10/03)

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

GONZALEZ & HERBERT, PA
2225 N. COMMERCIAL PKWY STE 8
WESTON, FL 33326

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BELLONN, ALBERTO
STREET ADDRESS	20871 JOHNSON ST STE 108
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	CONTRERAS, MARTA SALAS
STREET ADDRESS	20871 JOHNSON ST STE 108
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 05/16/05 954-443-8090
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #