

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014357

Entity Name: ABMS PROPERTIES, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

20871 JOHNSON STREET
SUITE 108
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20871 JOHNSON STREET
SUITE 108
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 57-1178283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JAY SHAPIRO & ASSOC'S., P.A.
1625 N. COMMERCIAL PKWY
SUITE 225
WESTON, FL 33326 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: JAY SHAPIRO

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: BELLONN, ALBERTO
Address: 20871 JOHNSON ST STE 108
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: CONTRERAS, MARTA SALAS
Address: 20871 JOHNSON ST STE 108
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BELLORIN, ALBERTO
Address: 20871 JOHNSON ST STE 108
City-St-Zip: PEMBROKE PINES, FL 33029

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

I hereby certify that the information supplied with this filing does not qualify 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: ALBERTO BELLORIN

MGR

04/30/2008

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