

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018456

**FILED**  
**Jul 01, 2004**  
**Secretary of State**

**Entity Name:** ABENA CONSTRUCTION, LLC

**Current Principal Place of Business:**

2000 SOUTH DIXIE HIGHWAY, SUITE 100M  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2000 SOUTH DIXIE HIGHWAY, SUITE 100M  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUYSMAN, MICHEL  
2000 SOUTH DIXIE HIGHWAY, SUITE 100M  
MIAMI, FL 33133

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      SEMUNOVIC, APPOLINE A  
Address:                      1001 N. FEDERAL HIGHWAY, #104  
City-St-Zip:                      HALLANDALE, FL 33009

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: APPOLINE A. SEMUNOVIC                      MGRM                      07/01/2004

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