

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044489

Entity Name: ABE, LLC

FILED
Feb 05, 2004
Secretary of State

Current Principal Place of Business:

2600 N. MILITARY TRAIL
STE #290
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2600 N. MILITARY TRAIL
STE # 290
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-0402357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC I
2600 N. MILITARY TRAIL
STE# 290
BOCA RATON, FL 33431 US

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: MGRM () Delete
Name: SOLOMON, AL
Address: 5505 E. MIZNER BLVD, STE# 611
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: GOTTLIEB, BARRY
Address: 7682 LACORNICHE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: KRAVITZ, EDWARD
Address: 7690 LACORNICHE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOLOMON, AL
Address: 550 S. E. MIZNER BLVD, STE# 611
City-St-Zip: BOCA RATON, FL 33432

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

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 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: AL SOLOMON

MGRN

02/05/2004

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