

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002169

Entity Name: CABI AVIATION, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

19950 W. COUNTRY CLUB DR.
SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19950 W. COUNTRY CLUB DR.
SUITE 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-0614358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CABABIE, ELIAS
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Change (X) Addition
Name: CABABIE, ABRAHAM
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Change (X) Addition
Name: CABABIE, JACOBO
Address: 19950 W COUNTRY CLUB DRIVE #900
City-St-Zip: AVENTURA, FL 33180

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: JACOBO CABABIE

MGR

04/19/2005

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