


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Jan 28, 2008 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L04000014379</b><br>1. Entity Name<br>ABK, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>356 ALHAMBRA CIRCLE<br>CORAL GABLES FL 33134 | Mailing Address<br>356 ALHAMBRA CIRCLE<br>CORAL GABLES FL 33134 |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/07)

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>20-0859754 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>ATRIUM REGISTERED AGENTS, INC.<br>1500 SAN REMO AVENUE, SUITE 125<br>CORAL GABLES FL 33146 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|--|--|

|    |          |
|----|----------|
| FL | Zip Code |
|----|----------|

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when registering.) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS                 |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KENDALL, M. ELENA<br>356 ALHAMBRA CIRCLE<br>CORAL GABLES FL 33134 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS / CHANGES                        |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>000000801735<br>02/01/08-80030-002 555.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  1/22/08