

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032904

Entity Name: 7734 ABBOTT HOLDINGS, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

7145 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

7145 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-1077949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEHEBAR, ABRAHAM
7145 COLLINS AVENUE
MIAMI BEACH, FL 33141 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/MANAGERS:

Title: MGR () Delete
Name: SCHMITTER, STEVEN
Address: 10800 BISCAYNE BLVD STE 700
City-St-Zip: MIAMI, FL 33161

Title: MGR () Delete
Name: CHEHEBAR, ABRAHAM
Address: 7145 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Delete
Name: BASSAL, ALBERTO
Address: 7145 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHMUTTER, STEVEN
Address: 7145 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

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 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: ABRAHAM CHEHEBAR

MGRM

04/24/2007

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