

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90029 019 ****50.00

DOCUMENT # L04000033439					
1. Entity Name AB91 ENTERPRISES, LLC					
Principal Place of Business 6335 SW 93 PLACE MIAMI, FL 33173			Mailing Address 6335 SW 93 PLACE MIAMI, FL 33173		
2. Principal Place of Business 11265 SW 53 Terrace Suite, Apt. #, etc.		3. Mailing Address 11265 SW 53 Terrace Suite, Apt. #, etc.			
City & State Miami Florida		City & State Miami FL		4. FEI Number Apply For.	
Zip 33165		Country USA		Zip 33165	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, MADAY 6335 SW 93 PLACE MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Lucia Bueno</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOPEZ, MADAY 6335 SW 93 PLACE MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11265 SW 53 Terrace. MIAMI FL 33165	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUCILA BUENO 11265 SW 53 Terrace MIAMI FL 33165		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUCILA BUENO 11265 SW 53 Terrace MIAMI FL 33165	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 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: <u>Lucia Bueno</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	