

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044727

Entity Name: ABRAXAS LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

4650 NW 102 PLACE
MIAMI, FL 33178 US

New Principal Place of Business:

1633 ARTHUR ST.
HOLLYWOOD, FL 33020 US

Current Mailing Address:

4650 NW 102 PLACE
MIAMI, FL 33178 US

New Mailing Address:

1633 ARTHUR ST.
HOLLYWOOD, FL 33020 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DHERS, HORACIO C
4650 NW 102 PLACE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

DHERS, HORACIO C
1633 ARTHUR ST.
HOLLYWOOD, FL 33120 US

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: HORACIO DHERS

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DHERS, HORACIO C
Address: 4650 NW 102 PLACE
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM () Delete
Name: DHERS, EDUARDO M
Address: 4650 NW 102 PLACE
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DHERS, HORACIO C
Address: 1633 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM (X) Change () Addition
Name: DHERS, EDUARDO M
Address: 1633 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO MARCELO DHERS

MGRM

02/06/2009

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