

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-07-2005 90022 028 ****55.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000081289
 1. Entity Name
 LAW OFFICES OF ROBERT E. ABREU, PLLC



30000113

Principal Place of Business Mailing Address
 2601 SOUTH BAYSHORE DRIVE 2601 SOUTH BAYSHORE DRIVE
 SUITE 1400 SUITE 1400
 MIAMI, FL 33133 US MIAMI, FL 33133 US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01032005 Chg-LLC CR2E083 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 27-0109086 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ABREU, ROBERT E
 2601 SOUTH BAYSHORE DRIVE
 SUITE 1400
 MIAMI, FL 33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | TITLE | NAME |
| MGR | ABREU, ROBERT E 2601 SOUTH BAYSHORE DRIVE Suite 1400 MIAMI, FL 33133 | | |
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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: *[Signature]* 1-3-05 305-858-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #