

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90050 037 \*\*\*\*50.00

**DOCUMENT # L05000005586**

1. Entity Name

ABELSON PROPERTIES, LLC



Principal Place of Business

2017 S. OCEAN DRIVE, UNIT 409 W  
HALLANDALE BEACH FL 33009

Mailing Address

2017 S. OCEAN DRIVE, UNIT 409 W  
HALLANDALE BEACH FL 33009

2. Principal Place of Business

*SAME*  
Suite, Apt. #, etc.

3. Mailing Address

*SAME*  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

*861127454*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABELSON, LESLIE  
2017 S. OCEAN DRIVE, UNIT 409 W  
HALLANDALE BEACH FL 33009

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

*Leslie Abelson*

(Signature, typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reconstituting.)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State.**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President*  
*Leslie Abelson*  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*2017 S. OCEAN DR*  
*HALLANDALE, FL 33009*  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Leslie Abelson*

Date

Daytime Phone #

*3/14/06 9543035339*