FILED Feb 02, 2006 8:00 am Secretary of State

2006 LIMITED LIABILITY COMPANY 1/ Secretal

01-12-2006 90037 006 ****50.00 **DOCUMENT # L05000047877** 1. Entity Name
ABC MANAGEMENT, LLC Principal Place of Business Mailing Address 1111 BRICKELL AVENUE 1111 BRICKELL AVENUE SUITE 2920 **SUITE 2920** MIAMI, FL 33131 US MIAMI, FL 33131 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suita, Apt. #, etc. 01052006 CR2E083 (11/05) City & State City & State 4. FEI NUTIDOR 3145848 Applied For Not Applicable - Zio Country Zio - *Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, LEWIS R Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL AVENUE **SUITE 2920** MIAMI, FL 33131 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 Signature, typed or printed name of requestred agent and see if apparable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM D Delete Change ☐ Addition BEN-TOV SHLOMO NAME HANE 15715 SOUTH DIXIE HIGHWAY, SUITE 215 STREET ACCRESS STREET ADDRESS CITY.ST. 71P PALMETTO BAY, FL 33157 CITY-ST-ZIP TITLE MGRM ☐ Deleta Change ☐ Addition NAME COHEN, JEFFREY M NAME STREET ADDRESS 880 LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-51-21P TITL S ☐ Delete TITLE ☐ Change. ☐ Addition COHEN, LEWIS R. NAME NAME STREET ADDRESS 1111 BRICKELL AVENUE, SUITE 2920 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete mu Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mi - - 🗆 Detete mr. ☐ Change - ☐ Addition NUM NUME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 ceth; that I am a managing member or manager of the limited liability company/or the recipiver or inustee empowered to execute this report as required by Chapter 608, Florida Statutes. 1/9/06 305.371.8177 SIGNATURE: TYPED OR PRINTED NAME OF EIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2006

ABC MANAGEMENT, LLC 1111 BRICKELL AVENUE SUITE 2920 MIAMI, FL 33131 US

Subject: ABC MANAGEMENT, LLC

Reference Number: &

L05000047877

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

(See attached correction. Thanks)

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION