

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000055988

1. Entity Name
CABAM 1 LLC



Principal Place of Business
**10905 NW 26TH PLACE
SUNRISE, FL 33322**

Mailing Address
**10905 NW 26TH PLACE
SUNRISE, FL 33322**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3042440

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARDO, CHRISTINE
10905 NW 26TH PLACE
SUNRISE, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PARDO, CHRISTINE
STREET ADDRESS	10905 NW 26TH PLACE
CITY- ST- ZIP	SUNRISE, FL 33322
TITLE	MGRM
NAME	PARDO, ANDRES
STREET ADDRESS	10905 NW 26TH PLACE
CITY- ST- ZIP	SUNRISE, FL 33322
TITLE	MGRM
NAME	PARDO, BENITA R
STREET ADDRESS	1560 SW 190TH AVE.
CITY- ST- ZIP	PEMBROKE PINES, FL 33029
TITLE	MGRM
NAME	PARDO, MAURICIO
STREET ADDRESS	1560 SW 190TH AVE.
CITY- ST- ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UN00000578502
01/09/07-80031-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-07 954-388 4091