


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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

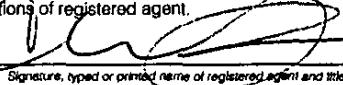
4. FEI Number 20-3042440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: **1-4-07**

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

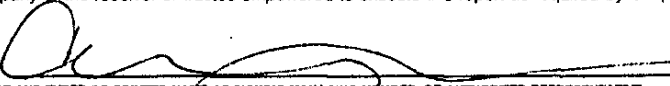
**Filing Fee is \$50.00
 Due by May 1, 2007**

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

UN0000578502
 01/09/07-80031-023 50.00

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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:  DATE: **1-4-07** DAYTIME PHONE #: **954-388 4081**

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