

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082496

Entity Name: AB PROPERTIES, LLC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

533 NORTHEAST 16TH AVENUE
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

533 NORTHEAST 16TH AVENUE
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 56-2527782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, YVETTE P
2600 NORTHEAST 16TH STREET
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BYE, TERJE
Address: 533 NORTHEAST 16TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGRM () Delete
Name: ANDREWS, DAVID P
Address: 2600 NORTHEAST 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: MGRM () Delete
Name: ANDREWS, YVETTE P
Address: 2600 NORTHEAST 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YVETTE ANDREWS

MGRM

04/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date