## FILED May 04, 2007 08:00 A Secretary of State

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT				
DOCUI 1. Entity Nam CABO 67		113		
Principal Plac 6795 NW 17 FT. LAUDERD		Mailing Address 6795 NW 17TH AVENUE FT. LAUDERDALE, FL 33309		
DO NOT WRITE IN THIS SPAC			CE	05012007 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For Not Applied below Not Applied below Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SYMINGTON, ROBERT 6795 NW 17TH AVENUE FT. LAUDERDALE, FL 33309				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, typed or printed name of registered agent and tife of applicable (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2007				
				U00000761089 
9. THE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR SYMINGTON, ROBERT 6795 NW 17TH AVENUE FT. LAUDERDALE, FL 33309	S/MANAGERS		
IIILE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	A	)		

11. I hereby certify that the information supplied with this filling 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 received of trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

MEMPER MANAGER 5/1/07 954 5610999