2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90154 027 ****50.00

DOCUMENT # L06000060513

1. Entity Name
ABREU SIMON GROUP, LLC

Principal Place of Business
ATTN: BARRY SIMON
11156 NE 69TH PLACE
PARKLAND, FL 33076

Mailing Address
ATTN: BARRY SIMON
11156 NE 69TH PLACE
PARKLAND, FL 33076

2. Principal Place of Business - No P.O. Box # 11156 NW 69TH PLACE
Suite, Apt. #, etc.

3. Mailing Address 11156 NW 69TH PLACE
Suite, Apt. #, etc.

04042007 Chg-LLC CR2E083 (12/06)

City & State PARKLAND, FL
Zip 33076 Country USA

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Zip 33076 Country USA

4. FEI Number 06-1781641 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
SIMON, AMY
11156 NE 69TH PLACE
PARKLAND, FL 33076

7. Name and Address of New Registered Agent
Name SIMON, Amy
Street Address (P.O. Box Number is Not Acceptable)
11156 NW 69TH PLACE
City PARKLAND FL Zip Code 33076

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 _____ 04/05/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SIMON, BARRY	NAME	
STREET ADDRESS	11156 NE 69TH PLACE	STREET ADDRESS	11156 NW 69TH PL
CITY-ST-ZIP	PARKLAND, FL 33076	CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABREU, HARRY J	NAME	
STREET ADDRESS	4503 N. SAN ANDROS	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 04/05/07 954-575 2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #