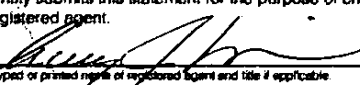
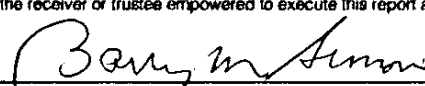


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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.			
City & State PARKLAND, FL Zip 33076 Country USA		City & State PARKLAND, FL Zip 33076 Country USA		4. FEI Number 06-1781641 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04042007 Chg-LLC CR2E083 (12/06)	
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  DATE 04/05/07 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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMON, BARRY 11156 NE 69TH PLACE PARKLAND, FL 33076	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11156 NW 69TH PL PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABREU, HARRY J 4503 N. SAN ANDROS WEST PALM BEACH, FL 33411	☐ Delete		☒ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 			04/05/07 954-5752122		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		