2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 02, 2008 08:00 All Secretary of State DOCUMENT # L06000060513 1. Entity Name ABRÉU SIMON GROUP, LLC Principal Place of Business Mailing Address 11156 NW 69TH PLACE 11156 NW 69TH PLACE PARKLAND, FL 33076 PARKLAND, FL 33076 03062008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1781641 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SIMON, AMY DO NOT WRITE 11156 NE 69TH PLACE PARKLAND, FL 33076 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME SIMON, BARRY 11158 NW 69TH PLACE STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33076 MGRM ABREU, HARRY J NAME #H00000878316 STREET ADDRESS 4503 N. SAN ANDROS \$\$04214209±60050±011\$4138 CITY-ST-ZIP WEST PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ппь IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NING MANACING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PROTED NAME OF

3/15/00

9545752122

Ontine Phone #

FILED