2007 LIMITED LIABILITY COMPANY ANNUAL REPORT____

DOCUMENT # L06000067022 1. Entity Name CABI VENTURES, LLC			O7 FEB 13 PM 3: 16 SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business 19950 W. COUNTRY CLUB DRIVE, SUITE 900	Mailing Address 19950 W. COUNTRY CL	UB DRIVE, SUITE 90		VEENINGSC	C. FLURIDA		
AVENTURA, FL 33180	AVENTURA, FL 33180			II Balia bilih başlı belil belik	E MANIFO RINTI INDRIL EDUSTE ÁLALD :	#11961 16F1	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01302007	Chg-LLC	CR2E083 (12/06)	
City & State	City & State		4. FEI Numi	°20-5149819	A	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificat	e of Status Desired	S5.00 Ac		
Name and Address of Current Registered Agent		Name	7. Name an	d Address of New Re	egistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION, PL 33324		City	City FL Zip Code				
 The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. 			egistered agent, or b	oth, in the State of Flor	rida. I am familiar with	n, and accept	
SIGNATURE Signature, typed or printed name of registered agent a	nd title il applicante. (NOTE	: Registered Agent signature	required when reinstating)		DATE		
				Male		 -	
Filing Fee is \$50.00 Due by May 1, 2007					check payable to Department of Sta	ite	
	1						
9. MANAGING MEMBE		10.		ADDITIONS/			
TITLE MGR	☐ Delete	TITLE		ADDITIONS/4	CHANGES Change	Addition	
TITLE MGR NAME Abraham Cababie Date STREET ADDRESS 19950 W. Country C.	Delete niel lub Dr. #900			ADDITIONS/4		☐ Addition	
ITILE MGR NAME Abraham Cababie Dat STREET ADDRESS 19950 W. Country C. CITY-SI-ZIP Aventura, FL 33180	□ Delete niel lub Dr. #900 O	TITLE NAME STREET ADDRESS		ADDITIONS/4		Addition	
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