2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L07000008844

Entity Name: A B R ENTERPRISES, LLC

Current Principal Place of Business:

6601 LYONS ROAD
SUITE G7
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

6601 LYONS ROAD
SUITE G7
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 20-8305243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAL, BEN
6601 LYONS ROAD
SUITE G7
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GAL, BEN
Address: 5300 PINE TREE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGRM ( ) Delete
Name: LIVNI, RON
Address: 5200 GODFREY ROAD
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGRM ( ) Delete
Name: ZAGURI, AVI
Address: 3580 PALL MALL DRIVE #1703
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ZAGURI, AVI
Address: 10150 BELLE RIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON LIVNI PRES 04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date