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Mar 19, 2008 8:00 am
Secretary of State

02-11-2008 90134 015 ***138.75

2/1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

300025011

DOCUMENT # L07000012024

1. Entity Name
ABE III, LLC

Principal Place of Business	Mailing Address
1160 S. ROGERS CIRCLE SUITE 2 BOCA RATON, FL 33487	1160 S. ROGERS CIRCLE SUITE 2 BOCA RATON, FL 33487

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7682 Lacorniche Circle	7682 Lacorniche Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8718648 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, MARC I
1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete SOLOMON, AL 550 S.E. MIZNER BLVD., STE. 611 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete GOTTLIEB, BARRY 7682 LACORNICHE CIRCLE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete KRAVITZ, EDWARD 7690 LACORNICHE CIRCLE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _____ 2/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #