2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 19, 2008 8:00 am
Secretary of State
02-11-2008 90134 015 ***138.75

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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

01292008 Chg-LLC CR2E083 (12/06)

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

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	7. Name and Address of New Registered Agent
SOLOMON, MARC I 1160 S. ROGERS CIRCLE SUITE 2 BOCA RATON, FL 33487	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 SOLOMON, AL 550 S.E. MIZNER BLVD., STE. 611 BOCA RATON, FL 33432	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOTTLIEB, BARRY 7682 LACORNICHE CIRCLE BOCA RATON, FL 33433	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KRAVITZ, EDWARD 7690 LACORNICHE CIRCLE BOCA RATON, FL 33433	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ 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 #