2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90080 026 ***138.75

DOCUMENT # L07000110662

1. Entity Name
ABRASHOFF ENTERPRISES, LLC

Principal Place of Business	Mailing Address
284 BAL BAY DRIVE APT 2A BAL HARBOUR, FL 33154	284 BAL BAY DRIVE APT 2A BAL HARBOUR, FL 33154

04232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1415 WEST 24TH STREET	C/O CALER DONTEN LEVINE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 505 S FLAGLER DR, STE 900
City & State: MIAMI BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33140-4522 Country:	Zip: 33401-5948 Country:

4. FEI Number: 26-1338676 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABRASHOFF, DONALD M
284 BAL BAY DRIVE
APT 2A
BAL HARBOUR, FL 33154

7. Name and Address of New Registered Agent

Name: ABRASHOFF, DONALD M.
Street Address (P.O. Box Number is Not Acceptable): 1415 WEST 24TH STREET
City: MIAMI BEACH, FL **FL** Zip Code: 33140-4522

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 reinstating) 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	MGR WENZEL, PETER 284 BAL BAY DRIVE BAL HARBOUR, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1415 WEST 24TH STREET MIAMI BEACH, FL 33140-4522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABRASHOFF, DONALD M. 1415 WEST 24TH STREET MIAMI BEACH, FL 33140-4522 ☐ 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
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: Donald M. Abrashoff 26 April 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #