## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000011380

City-St-Zip:

Entity Name: 9351 LAKE ABBY LANE, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	CE DE LEON BOULEVARD		
307 CORAL G	ABLES, FL 33134		
	lailing Address:	New Mailing	Address:
	g /		,
717 PONC 307	CE DE LEON BOULEVARD		
	ABLES, FL 33134		
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicat	ble ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
301 ALME 345	EFFREY ESQ. RIA AVENUE ABLES, FL 33134 US		
	e named entity submits this statement for the p e of Florida.	ourpose of changing its r	registered office or registered agent, or both
SIGNATU	RE:		
	Electronic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete ARIAS, MICHAEL 12641 SW 78TH STREET MIAMI, FL 33183	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete LEVIN, HERBERT 525 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete BERSA & ASSOCIATES PROFIT SHARING PLAN 1011 COTORRO AVENUE CORAL GABLES, FL 33146	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete LUSKY, JEFFREY 301 ALMERIA AVENUE, SUITE 345 CORAL GABLES, FL 33134	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	( ) Delete	Name: R	GR () Change (X) Addition EGO, HUMBERTO M MANAGER

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.

City-St-Zip: CCORAL GABLES, FL 33134

SIGNATURE: HUMBERTO REGO MGR 04/29/2009