2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90427 019 ****50.00

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1. Entity Name
ABC BUILDING AGENCY, L.C.

Principal Place of Business
14445 NE 20TH LANE
NORTH MIAMI, FL 33181

Mailing Address
14445 NE 20TH LANE
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

02062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0949297

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146

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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

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TEQUESTA TRUST
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 125
CITY ST ZIP	CORAL GABLES, FL 33146
TITLE	MGRM
NAME	HAZOR TRUST
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 1100
CITY ST ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	CALUSA TRUST
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 1100
CITY ST ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ____________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #