



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000004298</b>			
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		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01122006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 65-0949297	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		1100000414025 02/11/06-80019-015 50.00	
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEQUESTA TRUST 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAZOR TRUST 2121 PONCE DE LEON BLVD SUITE 1100 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALUSA TRUST 2121 PONCE DE LEON BLVD SUITE 1100 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			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____	