


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90138 002 \*\*\*\*50.00

**DOCUMENT # L03000055887**

1. Entity Name  
 3480 L.L.C.



Principal Place of Business  
 960 ARTHUR GODFREY ROAD, SUITE 116  
 MIAMI BEACH, FL 33140

Mailing Address  
 960 ARTHUR GODFREY ROAD, SUITE 116  
 MIAMI BEACH, FL 33140

**24063899**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04292004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
 20-0564697

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

FRANKEL, JUDITH A  
 960 ARTHUR GODFREY ROAD, SUITE 116  
 MIAMI BEACH, FL 33140

**7. Name and Address of New Registered Agent**

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)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MILLER, ELLIOT L	
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MILLER, ANDREW F	
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MILLER, AARON F	
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **04/29/04 3055341313**

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