
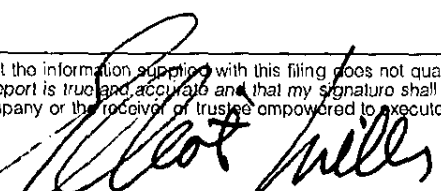


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

RCVD Am11:39 24 117
FILED

Apr 09, 2007 08:00 A
Secretary of State

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0564697	Applied For <input type="checkbox"/> Not Applicable
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, ELLIOT L	NAME			
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, ANDREW F	NAME			
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, AARON F	NAME			
STREET ADDRESS	960 ARTHUR GODFREY ROAD, SUITE 116	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			03/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



1st MOORE CR2E083 (10/06)

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04/17/07-80028-008 50.00