2007 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

11. I hereby certify that the inform indicated on this report is tru-limited liability company or th

SIGNATURE AND TYPED

SIGNATURE:

Jul 23, 2007 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L04000059577 1. Entity Name 18280 WEST-DIXIE-LLC-Principal Place of Business Mailing Address 9655 SOUTH DIXIE HIGHWAY 9655 SOUTH DIXIE HIGHWAY SUITE #200 SUITE #200 MIAMI, FL 33156 MIAMI, FL 33156 07052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1500683 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LARKIN, JEREMY S DO NOT WRITE 9655 SOUTH DIXIE HIGHWAY **SUITE #200** IN THIS SPACE MIAMI, FL 33156 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, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent scringture required when reinstating) DATE Filing Fee'is \$50.00 — Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM 1012LARKIN, JEREMY S NAME 9655 SOUTH DIXIE HIGHWAY, SUITE #200 1100000769990 STREET ADDRESS CHY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STRLLT ADDRESS CITY-S1-7IP UILE STRUTT ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information act of all and a managing member or manager of the second trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone *

FILED