


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L04000066861**

1. Entity Name  
 1854 LLC



Principal Place of Business 520 HARBOR DRIVE KEY BISCAIYNE, FL 33149-1707 US	Mailing Address 520 HARBOR DRIVE KEY BISCAIYNE, FL 33149-1707 US
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 84-1660841	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRAZANA, ENRIQUE A  
 520 HARBOR DRIVE  
 KEY BISCAIYNE, FL 33149

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000789773  
 01/23/08-800005-020 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRAZANA, ALICIA M 520 HARBOR DRIVE KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRAZANA, ENRIQUE A 520 HARBOR DRIVE KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRAZANA, ENRIQUE J 520 HARBOR DRIVE KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRAZANA, MARIA D 520 HARBOR DRIVE KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Alicia M. Carrazana* JANUARY 07, 2008. - (305) 361-2645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ALICIA M. CARRAZANA - MGRM