

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 25 PM 2:20

DOCUMENT # L05000064867

1. Entity Name
9200 MANAGER, L.L.C.



Principal Place of Business 9150 SOUTHWEST 87TH AVENUE, SUITE 205 MIAMI, FL 33176	Mailing Address 9150 SOUTHWEST 87TH AVENUE, SUITE 205 MIAMI, FL 33176
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07062007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3294163	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

LUSTIG, ROY R
2600 DOUGLAS ROAD, SUITE 908
CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GREENSTEIN, STEWART A
STREET ADDRESS	9150 S.W 87 AVE., STE. 205
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	MACBROOM, CLIFFORD
STREET ADDRESS	9150 S.W. 87 AVE., STE. 205
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	WALLACE, FREDERICK
STREET ADDRESS	9150 S.W. 87 AVE., STE.205
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	SKORIC, PAUL
STREET ADDRESS	9150 S.W. 87 AVE., STE. 205
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/18/07 90039 018 \$55.00

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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 *Frederick Wallace* FREDERICK WALLACE 7/18/07 305 595.1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #