


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064893 1. Entity Name 9180 MANAGER, L.L.C.	
--	---

FILED
 07 Jul 25 AM 7:59
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 9150 SOUTHWEST 87TH AVE. SUITE 205 MIAMI, FL 33176	Mailing Address 9150 SOUTHWEST 87TH AVE. SUITE 205 MIAMI, FL 33176
---	---



DO NOT WRITE IN THIS SPACE

07062007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3293953	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

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)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENSTEIN, STEWART A 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACBROOM, CLIFFORD 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, FREDRICK 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKORIC, PAUL 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

BLT

04/18/07 90039 021 \$55.00

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 #