


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90233 012 \*\*\*138.75

**DOCUMENT # L06000113357**

1. Entity Name  
 OFFICE TWO SIXTY THREE LLC



Principal Place of Business 3363 NE 163RD STREET SUITE 809 NORTH MIAMI BEACH, FL 33160	Mailing Address 3363 NE 163RD STREET SUITE 809 NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5933712	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIPS, ALAN  
 666 71ST STREET  
 MIAMI BEACH, FL 33141

**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 re-registering)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARAUJO, ALEJANDRO 3363 NE 163RD STREET NORTH MIAMI BEACH, FL 33160
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**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: Alejandro Araujo **ALEJANDRO ARAUJO** 786-274-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #