


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 17 AM 8:36

DOCUMENT # L07000010844 1. Entity Name 219 UNIT LLC	
--	---

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
--	--



2. Principal Place of Business - No P.O. Box # 15807 S.W. 102 Lane	3. Mailing Address P.O. Box 650128
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03172008 Chg-LLC CR2E083 (12/06)

City & State miami, FL	City & State miami, FL	4. FEI Number N/A	Applied For Not Applicable
Zip 33196	Country USA	Zip 33265	Country USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

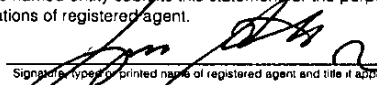
6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
 2665 SOUTH BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name: Louis Clavel
 Street Address (P.O. Box Number is Not Acceptable):
 15807 S.W. 102 Lane
 City: miami, FL Zip Code: 33196

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: _____

(NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	LCC MANAGEMENT PARTNERS, LLC
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES	
TITLE	P.O. Box 650128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	miami, FL 33265
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300123589713
CITY - ST - ZIP	04/16/08--01004--016 **555.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  LOUIS CLAVEL 4/8/08 305-218-6718

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