


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90024 026 ****55.00

DOCUMENT # L05000064893

1. Entity Name
9180 MANAGER, L.L.C.



Principal Place of Business
9150 SOUTHWEST 87TH AVE.
SUITE 205
MIAMI, FL

Mailing Address
9150 SOUTHWEST 87TH AVE.
SUITE 205
MIAMI, FL

20004125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33176** Country

Zip **33176** Country

01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3293953

Applied For
Not Applicable

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P STEWART A. GREENSTEIN
STREET ADDRESS		STREET ADDRESS	9150 S.W. 87 AVE, STE 205
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP CLIFFORD MAC BROOM
STREET ADDRESS		STREET ADDRESS	9150 S.W. 87 AVE, STE 205
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP FREDERICK WALLACE
STREET ADDRESS		STREET ADDRESS	9150 S.W. 87 AVE, STE 205
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP PAUL SKORIC
STREET ADDRESS		STREET ADDRESS	9150 S.W. 87 AVE, STE 205
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **STEWART A. GREENSTEIN** **1/25/06 305 595 1518**

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