

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90223 044 \*\*\*\*55.00

**DOCUMENT # L05000066561**

1. Entity Name

218 LLC



Principal Place of Business

520 HARBOR DRIVE  
KEY BISCAYNE FL 33149 -1707  
US

Mailing Address

P.O. BOX 14-1933  
CORAL GABLES FL 33114  
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

520 HARBOR DRIVE

Suite, Apt. #, etc.

City & State

KEY BISCAYNE - FLORIDA

Zip

33149-1707

Country

U.S.A.

1st MOORE

CR2E083 (10/05)

4. FEI Number

56-2521721

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARRAZANA, ENRIQUE A  
520 HARBOR DRIVE  
KEY BISCAYNE FL 33149 -1707

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

33149-1707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | MGRM                  | <input type="checkbox"/> Delete |
| NAME           | CARRAZANA, ALICIA M.  |                                 |
| STREET ADDRESS | 520 HARBOR DRIVE      |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149 |                                 |
| TITLE          | MGRM                  | <input type="checkbox"/> Delete |
| NAME           | CARRAZANA, ENRIQUE A  |                                 |
| STREET ADDRESS | 520 HARBOR DRIVE      |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149 |                                 |
| TITLE          | MGRM                  | <input type="checkbox"/> Delete |
| NAME           | CARRAZANA, ENRIQUE J  |                                 |
| STREET ADDRESS | 520 HARBOR DRIVE      |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149 |                                 |
| TITLE          | MGR                   | <input type="checkbox"/> Delete |
| NAME           | CARRAZANA, MARIA D    |                                 |
| STREET ADDRESS | 520 HARBOR DRIVE      |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149 |                                 |
| 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          |    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | M. |                                                                              |
| STREET ADDRESS |    |                                                                              |
| CITY-ST-ZIP    |    |                                                                              |
| 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    |    |                                                                              |
| 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 Section 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.

2320 LLC

**SIGNATURE: ALICIA M. CARRAZANA - MGRM**

**FEBRUARY 03, 2006. - (305) 361-2645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #