

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064893

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



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 ☒

\$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

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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: _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME GREENSTEIN, STEWART A
STREET ADDRESS 9150 SW 87 AVE SUITE 205
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP
NAME MACBROOM, CLIFFORD
STREET ADDRESS 9150 SW 87 AVE SUITE 205
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP
NAME WALLACE, FREDRICK
STREET ADDRESS 9150 SW 87 AVE SUITE 205
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP
NAME SKORIC, PAUL
STREET ADDRESS 9150 SW 87 AVE SUITE 205
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/18/07 90039 021 \$55.00

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BLT

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: _____

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

FREDERICK WALLACE 7/18/07

Date

305 595 1622

Daytime Phone #