


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000064893</b> 1. Entity Name 9180 MANAGER, L.L.C.	
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FILED  
 07 Jul 25 AM 7:59  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 9150 SOUTHWEST 87TH AVE. SUITE 205 MIAMI, FL 33176	Mailing Address 9150 SOUTHWEST 87TH AVE. SUITE 205 MIAMI, FL 33176
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07062007 No Chg-LLC      CR2E083 (11/05)

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4. FEI Number 20-3293953	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENSTEIN, STEWART A 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACBROOM, CLIFFORD 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, FREDRICK 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKORIC, PAUL 9150 SW 87 AVE SUITE 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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BLT

04/18/07 90039 021 \$55.00

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: Frederick Wallace      Frederick WALLACE      7/18/07      305 595 1622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #