

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000066561

1. Entity Name
218 LLC



Principal Place of Business

520 HARBOR DRIVE
KEY BISCAVNE, FL 33149 US

Mailing Address

520 HARBOR DR
KEY BISCAVNE, FL 33149-1707 US



01062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 BISCAVNE, FL 33149

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IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

000000789776
01/23/08-80006-023.143.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CARRAZANA, ALICIA
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE MGRM
NAME CARRAZANA, ENRIQUE A
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE MGRM
NAME CARRAZANA, ENRIQUE J
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE MGR
NAME CARRAZANA, MARIA D
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

JANUARY 07, 2008.- (305) 361-2645

Date

Daytime Phone #

ALICIA M. CARRAZANA - MGRM