

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90134 034 \*\*\*138.75

**DOCUMENT # L05000108641**

1. Entity Name  
1800 MILLENIUM AT BISCAYNE, LLC



Principal Place of Business  
782 NORTHWEST 42ND AVENUE  
SUITE 4  
MIAMI, FL 33126 US

Mailing Address  
782 NORTHWEST 42ND AVENUE  
SUITE 4  
MIAMI, FL 33126 US

**DO NOT WRITE IN THIS SPACE**



01252008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-4503180

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

FLEITAS, ROBERTO F JR  
782 NW LE JEUNE RD #530  
MIAMI, FL 33126

**DO NOT WRITE  
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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME KASABDJI, JORGE  
STREET ADDRESS 782 NW LE JEUNE RD #530  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

Date

Daytime Phone #

Jorge Kasabdj

2/1/08

786552-7858