2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
May 01, 2008 08:00 AN
Secretary of State

1. Entity Name 12SW8780, LLC



Principal Place of Business 12900 S.W. 89TH COURT MIAMI, FL 33176 Mailing Address

12900 S.W. 89TH COURT MIAMI, FL 33176



01282008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number | | | Applied For |
|----|-------------------------------|-------|---------------|----------------|
| | NOT APPLICABLE | | | Not Applicable |
| _ | Cartificate of Status Desired | \$5.0 | 00 Additional | |

J. Certificate of

\$5.00 Additiona Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

the obligations of registered agent

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| 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 | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARCIA, ROLAND JR 12900 SW 89TH STREET MIAMI, FL 33176 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-\$1-ZIP | | | U00000937376 05/27/08-80047-003 138.75 | | | | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | | DO | NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN T | HIS SPACE | | | | |
| NAME STREET ADDRESS CHY-ST-ZIP | | | | | | | |
| TITLE 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 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.

ROLAND GARCIA

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

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