


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90020 045 \*\*\*\*50.00

|                                    |   |
|------------------------------------|---|
| <b>DOCUMENT # L01000014175</b>     |  |
| 1. Entity Name<br>480 PROPERTY LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>8550 NW 33RD STREET<br>SUITE 200<br>MIAMI, FL 33122 | Mailing Address<br>8550 NW 33RD STREET<br>SUITE 200<br>MIAMI, FL 33122 |
|--|--|

24064806

|  |  |
|--|--|
| 2. Principal Place of Business<br>5835 BLUE LAGOON DR. | 3. Mailing Address<br>5835 BLUE LAGOON DR. |
| Suite, Apt. #, etc.<br>SUITE 200                       | Suite, Apt. #, etc.<br>SUITE 200           |
| City & State<br>MIAMI, FL                              | City & State<br>MIAMI, FL                  |
| Zip<br>33126   | Country<br>U.S.                            |



04262004 Chg-LLC CR2E083 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br>65-1131594  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>DUARTE-VIERA, ANIBAL J<br>8550 NW 33RD STREET<br>SUITE 200<br>MIAMI, FL 33122 | 7. Name and Address of New Registered Agent<br>Name<br>DUARTE-VIERA, ANIBAL J.<br>Street Address (P.O. Box Number is Not Acceptable)<br>5835 BLUE LAGOON DR.<br>SUITE 200<br>City<br>MIAMI<br>FL<br>Zip Code<br>33126 |
|--|---|

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 ANIBAL J. DUARTE-VIERA DATE 4-26-04  
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 May 1, 2004**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>DUARTE-VIERA, ANIBAL J<br>8550 NW 33RD STREET<br>MIAMI, FL 33122 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>DUARTE-VIERA, ANIBAL J.<br>5835 BLUE LAGOON DR, SUITE 200<br>MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

ANIBAL J. DUARTE-VIERA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-04 305-461-5991