


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L01000014175

1. Entity Name
480 PROPERTY LLC



Principal Place of Business
**8550 NW 33RD STREET
 SUITE 200
 MIAMI, FL 33122**

Mailing Address
**8550 NW 33RD STREET
 SUITE 200
 MIAMI, FL 33122**

24064806

2. Principal Place of Business
**5835 BLUE LAGOON DR.
 SUITE 200**

3. Mailing Address
**5835 BLUE LAGOON DR.
 SUITE 200**



City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
U.S.

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1131594

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DUARTE-VIERA, ANIBAL J
 8550 NW 33RD STREET
 SUITE 200
 MIAMI, FL 33122**

7. Name and Address of New Registered Agent

Name
DUARTE-VIERA, ANIBAL J.

Street Address (P.O. Box Number is Not Acceptable)
5835 BLUE LAGOON DR.,

SUITE 200

City **MIAMI** FL Zip Code **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 MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUARTE-VIERA, ANIBAL J		NAME DUARTE-VIERA, ANIBAL J.	
STREET ADDRESS 8550 NW 33RD STREET		STREET ADDRESS 5835 BLUE LAGOON DR., SUITE 200	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP MIAMI, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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** Date **4-26-04** Daytime Phone # **305-461-5991**

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