2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023969

1. Entity Name
280, L.L.C.

Principal Place of Business	Mailing Address
710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01262004   Chg-LLC   CR2E083 (10/03)

4. FEI Number 20-035496   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARAN, FERNANDO S. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	Delete	10. ADDITIONS / CHANGES		
TITLE MGRM **NAME** ACGG 280, INC. **STREET ADDRESS** 710 SOUTH DIXIE HIGHWAY **CITY-ST-ZIP** CORAL GABLES, FL 33146	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ Addition
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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change	☐ 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: _Danny Correa Sec. & Manager_   1/26/04   (305) 665-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #