

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036956

Entity Name: 3281, LLC

FILED  
Apr 28, 2007  
Secretary of State

**Current Principal Place of Business:**

C/O BERKOWITZ, DICK, POLLACK & BRANT  
200 S. BISCAYNE BLVD. 6TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BERKOWITZ, DICK, POLLACK & BRANT  
200 S. BISCAYNE BLVD. 6TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-0264310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TANEN, JEFFREY S ESQ.  
GOLDSTEIN, TANEN & TRENCH, P.A.  
2 S. BISCAYNE BLVD. SUITE 3250  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

TANEN, JEFFREY S ESQ.  
GOLDSTEIN, TANEN & TRENCH, P.A.  
2 S. BISCAYNE BLVD. SUITE 3700  
MIAMI, FL 33131 US

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.

SIGNATURE: \_\_\_\_\_ 04/28/2007  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANUEL C. DIAZ,  
Address: 26401 SW 107 AVE  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RODRIGUEZ, LOURDES  
Address: 200 SOUTH BISCAYNE BLVD. 6TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOURDES RODRIGUEZ      MGR      04/28/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date