


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # L04000000465
 1. Entity Name
 6832-34 SW 81ST STREET PROPERTY, LLC



Principal Place of Business 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134	Mailing Address 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0547965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ADMIRE, JACK G
 2555 PONCE DE LEON BLVD, SUITE 320
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

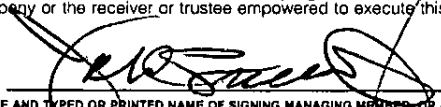
U00000792232
 01/23/08-80108-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, JOHN C JR. 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMIRE, JACK G 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMIRE, RUTH S 2555 PONCE DE LEON BLVD., SUITE 320 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  DATE: 1/21/08 DAYTIME PHONE #: 305-444-6121

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