


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000000661  
 1. Entity Name  
 2800 PROPERTY LLC



Principal Place of Business 1490 BISCAYNE BLVD. MIAMI, FL 33132-1417	Mailing Address 1490 BISCAYNE BLVD. MIAMI, FL 33132-1417
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**DO NOT WRITE IN THIS SPACE**



02072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 32-0103967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEGG, LAWRENCE N  
 1928 TYLER STREET  
 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAKIB-PANAH, JACOB 4275 MERIDIAN AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEDIGHIM, SIAVOSH 3746 LAGORE DR MIAMI BEACH, FL 33148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAKIB, JOSEF 3700 CHASE AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEDIGHIM, SIAMAC 721 WEST 47TH ST MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000823187  
 02/20/08-80030-001 138.75

**DO NOT WRITE IN THIS SPACE**

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: 2/7/08 Daytime Phone #: 3073743976

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

*Joseph Shakib*  
 JOSEPH SHAKIB