## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059577

1. Entity Name 18280 WEST DIXIE, LLC



Principal Place of Business

MIAMI, FL 33156

9655 SOUTH DIXIE HIGHWAY SUITE #200 Mailing Address

9655 SOUTH DIXIE HIGHWAY SUITE #200

MIAMI, FL 33156

## FILED Apr 21, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1500683

Applied for Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LARKIN, JEREMY S 9655 SOUTH DIXIE HIGHWAY SUITE #200 MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

MIAMI, FL	33156	· · · · · · · · · · · · · · · · · · · ·	IN THIS SPACE
	e named entity submits this statement for the purpose of cha- itions of registered agent.	nging its régistered office or i	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	· ·	<i>:</i> :	i l
OIGHANAI OHE.	Signature, typed or printed name of registered agent and one if appricable,	(NOTE: Registered Agent signature	e required when reinstating) OATE
9.	Tiling Fee Is \$50.00 THE BY MAY 1, 2006  MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARKIN, JEREMY S 9655 SOUTH DIXIE HIGHWAY, SUITE #200 MIAMI, FL 33156	· · ·	U00000524294
HITLE NAME STREET ADDRESS CITY-ST-21P			05/03/06-80105-019 50.00
TITLE NAME STREET ADDRESS		· ·	DO NOT WEST

DO NOT WRITE

STREET ADDRESS
CITY-ST-21P
TITLE

11. I hereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report is true and a company 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 fimited fiability company or the repercentage of the fimited fiability company or the repercentage of the first same legal effect as required by Chapter 608, Florida Statutes

SIGNATURE: \_\_\_\_

CITY-ST-ZIP

NAME

NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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Mg. Mor

305.938.4000

Daytime Phone #