


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000066860 1. Entity Name 2348 LLC	
--	---

Principal Place of Business 520 HARBOR DRIVE MIAMI, FL 33149 US	Mailing Address 520 HARBOR DRIVE MIAMI, FL 33149 US
---	---

DO NOT WRITE IN THIS SPACE



01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1660842	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	--

6. Name and Address of Current Registered Agent CARRAZANA, ENRIQUE A 520 HARBOR DRIVE KEY BISCAINE, FL 33149-1707
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

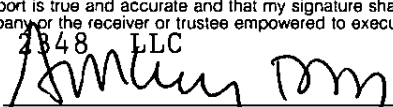
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000789774
01/23/08-80006-021 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRAZANA, ALICIA M 520 HARBOR DRIVE KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRAZANA, ENRIQUE A 520 HARBOR DRIVE KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRAZANA, ENRIQUE J 520 HARBOR DRIVE KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRAZANA, MARIA D 520 HARBOR DRIVE KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **JANUARY 07, 2008.- (305) 361-2645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ALICIA M. CARRAZANA - MGRM