2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

ANNOAL KLI OKI					
DOCUMENT # L04000066862 1. Entity Name 2320 LLC					
Principal Place of Business	Mailing Address				
520 HARBOR DRIVE KEY BISCAYNE, FL 33149 US	520 HARBOR DRIVE KEY BISCAYNE, FL 33149	US			



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1660840 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

CARRAZANA, ENRIQUE A 520 HARBOR DRIVE MIAMI, FL 33149

City ST-ZiP

DO NOT WRITE IN THIS SPACE

	<u></u>			
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or primed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Fi D	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TIFLE MAME SIREET ADDRESS CITY-ST-JIP	MGRM CARRAZANA, ALICIA M 520 HARBOR DRIVE KEY BISCAYNE, FL 33149		Lincocopoamae	
THLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM CARRAZANA, ENRIQUE A 520 HARBOR DRIVE KEY BISCAYNE, FL 33149		000000600529 01/26/07-80013-020 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRAZANA, ENRIQUE J 520 HARBOR DRIVE KEY BISCAYNE, FL 33149	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SF-ZIP	MGR CARRAZANA, MARIA D 520 HARBOR DRIVE KEY BISCAYNE, FL 33149	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CHY-SI-ZIP				
THE NAME STREET ADDRESS				

11. I hereby certily that the information supplied with this filling 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 eath; 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: APACH MARKAZANA MGRM JANUZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JANUARY 05, 2007.-

(305) 361-2645

Daysme Phone #