2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086454

1. Entity Name

8871 NW 180TH TERRACE, LLC



FILED Jun 06, 2008 08:00 AM Secretary of State

Principal Place of Business

19422 38TH COURT SUNNY ISLES, FL 33160 Mailing Address

19422 38TH COURT SUNNY ISLES, FL 33160



DO NOT WRITE IN THIS SPACE

 05272008 No Chg-LLC
 CR2E083 (12/07)

 4. FEI Number 20-3394479
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAHRAMI, MICHAEL M 1380 MIAMI GARDENS DRIVE SUITE 140 NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

SUITE 140 NORTH MIAMI BEACH, FL 33179			IN THIS SPACE
8. The above the obligat	named entity submits this statement for lions of registered agent.	the purpose of changing its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE Registered	Agent signature required when reinstating? DATE
FILI Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.19 liability company did not reco	93(2)(b), F.S., the limited sive the prior notice.
9.	MANAGING MEMBEI	RS/MANAGERS	
THTLE NAME STREET ADDRESS CHY-ST-ZIP	MGR BAHRAMI, MICHAEL M 19422 38TH COURT SUNNY ISLES, FL 33160		U00000952865
THE NAME STREET AUDRESS CITY-ST-ZIP			06/Ō6/Ō8-8ŌŌŌ1-014 138.75
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TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify 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 outh; that I am a managing member or manager of the limited hability company of the faceiver of trusted empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #