


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000007721  
 1. Entity Name  
 8300 PARTNERS, LLC



Principal Place of Business 2400 SW 83 AVENUE MIAMI, FL 33155	Mailing Address 2400 SW 83 AVENUE MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1716149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DON, MARIA  
 8001 CORAL WAY  
 MIAMI, FL 33155

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, JUAN F 8001 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON, MARIA 8001 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, JUAN M 2400 SW 83 AVE MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/27/07-60060-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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: 03-13-07 Daytime Phone #: 305-552-6200

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