


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State


02-28-2007 90151 029 ****50.00

DOCUMENT # L05000031949	
1. Entity Name 900 80 STREET, LLC	

Principal Place of Business 9532 BYRON AVENUE SURFSIDE, FL 33154	Mailing Address 701 BRICKELL AVENUE, STE. 3000 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60019912



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2692446	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		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, STE. 3000 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

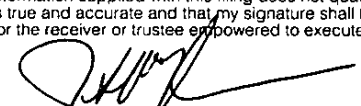
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEHMAN, JEFF 9532 BYRON AVENUE SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUZ, PEDRO 9532 BYRON AVENUE SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JEFF LEHMAN** **2/25/07** **305 720 9599**

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