


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000066561 1. Entity Name 218 LLC	
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Principal Place of Business 520 HARBOR DRIVE KEY BISCAVNE, FL 33149 US	Mailing Address 520 HARBOR DR KEY BISCAVNE, FL 33149-1707 US
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2521721	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 BISCAVNE, FL 33149

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000789776
 01/23/08-80006-023.143.75

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

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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:  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