

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000010848

1. Entity Name
280 UNIT LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 17 AM 8:36

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #
15807 S.W. 102 Lane

3. Mailing Address
P.O. BOX 650128

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
miami, FL

City & State
miami, FL

4. FEI Number
N/A

Zip
33196

Country
USA

Zip
33265

Country
USA

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

Name
LOUIS Clavel

Street Address (P.O. Box Number is Not Acceptable)
15807 S.W. 102 Lane

City
miami, FL

Zip Code
33196

7. Name and Address of New Registered Agent

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

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

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LCC MANAGEMENT PARTNERS, LLC 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 650128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition miami, FL 33265
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 0000123589250 04/16/08--01004--014 **916.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
4/8/08 305-218-6718

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

Date

Daytime Phone #