

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004238

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: 2800 ISLAND BOULEVARD, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD.  
PH 2  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

4000 ISLAND BLVD.  
PH 2  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 65-1086449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ISLAND BOULEVARD HOL, DINGS, LLC  
Address: 4000 ISLAND BLVD APT PH2  
City-St-Zip: AVENTURA, FL 33160

Title: PS ( ) Delete  
Name: MATUS, ALAN  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: EVP ( ) Delete  
Name: LIEB, JAMES M  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: AVP ( ) Delete  
Name: TORPEY, CARITE  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VAS ( ) Delete  
Name: CIACCHI, BETTY  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SVP ( ) Delete  
Name: ELBERT, DONALD  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD ELBERT

SVP

03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date