


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90020 045 \*\*\*\*50.00

**DOCUMENT # L01000014175**

1. Entity Name  
**480 PROPERTY LLC**



Principal Place of Business  
**8550 NW 33RD STREET  
 SUITE 200  
 MIAMI, FL 33122**

Mailing Address  
**8550 NW 33RD STREET  
 SUITE 200  
 MIAMI, FL 33122**

**24064806**

2. Principal Place of Business  
**5835 BLUE LAGOON DR.**

3. Mailing Address  
**5835 BLUE LAGOON DR.**

Suite, Apt. #, etc.  
**SUITE 200**



04262004 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33126**

Country  
**U.S.**

4. FEI Number  
**65-1131594**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUARTE-VIERA, ANIBAL J**  
**8550 NW 33RD STREET**  
**SUITE 200**  
**MIAMI, FL 33122**

**7. Name and Address of New Registered Agent**

Name  
**DUARTE-VIERA, ANIBAL J.**

Street Address (P.O. Box Number is Not Acceptable)  
**5835 BLUE LAGOON DR.**

Suite, Apt. #, etc.  
**SUITE 200**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33126**

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 ANIBAL J. DUARTE-VIERA DATE 4-26-04

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR	<input type="checkbox"/> Delete
NAME DUARTE-VIERA, ANIBAL J	
STREET ADDRESS 8550 NW 33RD STREET	
CITY-ST-ZIP MIAMI, FL 33122	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUARTE-VIERA, ANIBAL J.	
STREET ADDRESS 5835 BLUE LAGOON DR, SUITE 200	
CITY-ST-ZIP MIAMI, FL 33126	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ANIBAL J. DUARTE-VIERA Date 4-26-04 Daytime Phone # 305-461-5991

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