

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014175

Entity Name: 480 PROPERTY LLC

FILED  
Apr 17, 2008  
Secretary of State

**Current Principal Place of Business:**

5835 BLUE LAGOON DR.  
SUITE 200  
MIAMI, FL 33126

**New Principal Place of Business:**

5835 BLUE LAGOON DR.  
SUITE 100  
MIAMI, FL 33126

**Current Mailing Address:**

5835 BLUE LAGOON DR.  
SUITE 200  
MIAMI, FL 33126

**New Mailing Address:**

5835 BLUE LAGOON DR.  
SUITE 100  
MIAMI, FL 33126

FEI Number: 65-1131594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUARTE-VIERA, ANIBAL J  
5835 BLUE LAGOON DR.  
SUITE 200  
MIAMI, FL 33126 US

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

DUARTE-VIERA, ANIBAL J  
5835 BLUE LAGOON DR.  
SUITE 100  
MIAMI, FL 33126 US

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: ANIBAL J. DUARTE-VIERA

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUARTE-VIERA, ANIBAL J  
Address: 5835 BLUE LAGOON DR., SUITE 200  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DUARTE-VIERA, ANIBAL J  
Address: 5835 BLUE LAGOON DR., SUITE 100  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify 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: ANIBAL J. DUARTE-VIERA

MGR

04/17/2008

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