

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008781

FILED
Apr 29, 2004
Secretary of State

Entity Name: SOUTHERN FACILITIES DEVELOPMENT AT LAUDERHILL, LLC

Current Principal Place of Business:

2901 SW 8TH STREET, SUITE 204
C/O JOSE R. BOSCHETTI
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

2901 SW 8TH STREET, SUITE 204
C/O JOSE R. BOSCHETTI
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-1028529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSCHETTI, JOSE R
2901 SW 8TH STREET
SUITE 204
MIAMI, FL 33135 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/MEMBERS:

Title: MGRM () Delete
Name: BOSCHETTI, JOSE R
Address: 2901 SW 8TH STREET, SUITE 204
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: ABELE, CHARLES R JR
Address: 2901 SW 8TH STREET, SUITE 204
City-St-Zip: MIAMI, FL 33135

Title: MGR () Delete
Name: CAYON, MAURICE
Address: 2901 SW 8TH STREET, SUITE 204
City-St-Zip: MIAMI, FL 33135

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE R BOSCHETTI

MGR

04/29/2004

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