

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008781

FILED  
May 01, 2008  
Secretary of State

Entity Name: SOUTHERN FACILITIES DEVELOPMENT AT LAUDERHILL, LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1200 PONCE DE LEON BOULEVARD  
1ST FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Mailing Address:**

1200 PONCE DE LEON BOULEVARD  
1ST FLOOR  
CORAL GABLES, FL 33134

FEI Number: 65-1028529      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GAMBIN, FRANCISCO A  
1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BOSCHETTI, JOSE R  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGRM ( ) Delete  
Name: ABELE, CHARLES R JR  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGR ( ) Delete  
Name: CAYON, MAURICE  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

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

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: JOSE R BOSCHETTI

MGR

05/01/2008

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