


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90039 036 \*\*\*\*50.00

**DOCUMENT # L00000014181**

1. Entity Name  
**FOUR M REALTY OF SOUTH FLORIDA, L.L.C.**



Principal Place of Business <b>3300 PGA BLVD., SUITE 500          PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>3300 PGA BLVD., SUITE 500          PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business <b>6619 South Dixie Highway</b> Suite, Apt. #, etc. <b>Suite 312</b>	3. Mailing Address <b>same</b> Suite, Apt. #, etc. 
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City & State <b>Miami, Florida</b>	City & State
Zip <b>33143</b>	Country <b>US</b>



02082006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**PROBST, DANIEL J**  
**3300 PGA BLVD., SUITE 500**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

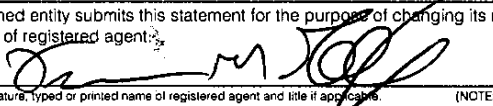
Name  
**Fredric M. Garvett**

Street Address (P.O. Box Number is Not Acceptable)  
**Silver, Garvett & Henkel, P.A.**

**18001 Old Cutler Road - Suite 600**

City **Miami** State **FL** Zip Code **33157**

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:  DATE: **2/15/06**

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, 2006.**

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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHAKESPEARE, MARK F 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHAKESPEARE, MARK F 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6619 S. Dixie Highway - Suite 312 Miami, Florida 33143</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (Mark Shakespeare, Manager) DATE: **2/15/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #