


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90063 037 \*\*\*\*55.00

<b>DOCUMENT # L00000014181</b> 1. Entity Name <b>FOUR M REALTY OF SOUTH FLORIDA, L.L.C.</b>	
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Principal Place of Business <b>6619 SOUTH DIXIE HIGHWAY SUITE 312 MIAMI, FL 33143</b>	Mailing Address <b>3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410</b>
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60044338

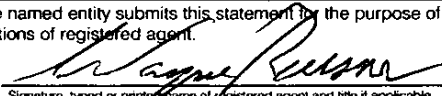


2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address <b>6619 SOUTH DIXIE HWY. SUITE 312</b>  Suite, Apt. #, etc. <b>SUITE 312</b>  City & State <b>MIAMI, FL</b>  Zip                      Country <b>33143                      USA</b>
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04262007    Chg-LLC    CR2E083 (12/06)

6. Name and Address of Current Registered Agent  <b>GARVETT, FREDERIC M 18001 OLD CUTLER ROAD SUITE 600 MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name <b>KRAWERT RASSNER, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 N. KENDALL DR. #510</b> City <b>MIAMI, FL</b> Zip Code <b>33156</b>	
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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  **WAYNE RASSNER**      DATE **4-27-07**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAKESPEARE, MARK F</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>6619 S. DIXIE HIGHWAY SUITE 312</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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 F. SHAKESPEARE**      DATE **4/27/07**      DAYTIME PHONE # **305 495 8000**

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