

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010077

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: SOUTH MIAMI 5858-0203 LLC

## Current Principal Place of Business:

2100 PONCE DE LEON BOULEVARD  
600  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2100 PONCE DE LEON BOULEVARD  
SUITE 600  
CORAL GABLES, FL 33134

## Current Mailing Address:

2100 PONCE DE LEON BOULEVARD  
600  
CORAL GABLES, FL 33134

## New Mailing Address:

2100 PONCE DE LEON BOULEVARD  
SUITE 600  
CORAL GABLES, FL 33134

FEI Number: 20-0211949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GURIAN, JORGE  
2100 PONCE DE LEON BOULEVARD  
600  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GURIAN, JORGE  
2100 PONCE DE LEON BOULEVARD  
SUITE 600  
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: JORGE GURIAN

04/04/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HOFFMAN, DANIELLA  
Address: 2100 PONCE DE LEON BOULEVARD, #600  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HOFFMAN, DAVID  
Address: 2100 PONCE DE LEON BOULEVARD, STE. 600  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Change (X) Addition  
Name: HOFFMANN, DANIELLA  
Address: 2100 PONCE DE LEON BOULEVARD, STE. 600  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID HOFFMANN

MGRM

04/04/2006

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