



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90172 023 \*\*\*138.75

DOCUMENT # L03000028876					
<b>1. Entity Name</b> 2 SOUTH FEDERAL HIGHWAY, LLC					
<b>Principal Place of Business</b> 100 S. BISCAYNE BLVD, STE 1100 MIAMI, FL 33131			<b>Mailing Address</b> 100 S. BISCAYNE BLVD, STE 1100 MIAMI, FL 33131		
<b>2. Principal Place of Business - No P.O. Box #</b> 100 S. Biscayne Blvd Suite, Apt. #, etc. Ste 900		<b>3. Mailing Address</b> 100 S. Biscayne Blvd Suite, Apt. #, etc. Ste 900			
<b>City &amp; State</b> miami FL		<b>City &amp; State</b> miami FL		04092008    Chg-LLC    CR2E083 (12/06)	
<b>Zip</b> 33131		<b>Country</b> USA		<b>4. FEI Number</b> 11-3700979	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ROSENTHAL, KERRY B ESQ 2875 N.E. 191ST ST., STE. 500 AVENTURA, FL 33180			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM HOLLO, TIBOR 100 S. BISCAYNE BLVD, STE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR HOLLO, WAYNE 100 S BISCAYNE MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR HOLLO, JEROME 100 S BISCAYNE MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR KATZ, LEONARD 100 S. BISCAYNE BLVD. MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">4/8/08</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					