

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123354

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CENTERS, LLC

**Current Principal Place of Business:**

848 BRICKELL KEY DRIVE  
SUITE 4405  
MIAMI, FL 33131 US

**New Principal Place of Business:**

12850 RED ROAD  
CORAL GABLES, FL 33156 US

**Current Mailing Address:**

848 BRICKELL KEY DRIVE  
SUITE 4405  
MIAMI, FL 33131 US

**New Mailing Address:**

12850 RED ROAD  
CORAL GABLES, FL 33156 US

FEI Number: 43-2094273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAYSON, MOISES T  
25 S.E. SECOND AVENUE  
SUITE 730  
MIAMI, FL 33131 US

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

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:**

Title: MGRM ( ) Delete  
Name: CONSORTIUM FUND HOLD, INGS, LLC  
Address: 848 BRICKELL KEY DRIVE SUITE 4405  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CONSORTIUM FUND HOLD, INGS, LLC  
Address: 12850 RED ROAD  
City-St-Zip: CORAL GABLES, FL 33156

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: SIMON KARAM

MGR

04/02/2009

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