


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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


04-30-2007 90063 003 \*\*\*\*55.00

<b>DOCUMENT # L06000047274</b> 1. Entity Name SW 317 ST, LLC	
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Principal Place of Business C/O FREDRIC M. GARVETT 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157	Mailing Address C/O FREDRIC M. GARVETT 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # 9860 SW. 140 St.	3. Mailing Address 9860 SW. 140 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33176 Country USA	Zip 33176 Country USA



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4855285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
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**HGRM**  
**MFS OF SOUTH FLORIDA, LLC**  
**9860 SW. 140 ST.**  
**MIAMI, FL 33176**

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: *David B. Grayson* MGR. DATE: **4/27/07** DAYTIME PHONE: **305-323-0751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE