


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90063 006 ****55.00

DOCUMENT # L06000047276 1. Entity Name SW 305 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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00044321



2. Principal Place of Business - No P.O. Box # 9860 SW. 140 ST. Suite, Apt. #, etc.	3. Mailing Address 9860 SW. 140 ST. Suite, Apt. #, etc.
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04262007 Chg-LLC CR2E083 (12/06)

City & State MIAMI, FL. Zip 33176 Country USA	City & State MIAMI, FL. Zip 33176 Country USA
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4. FEI Number 20-4855583	Applied For Not Applicable
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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 KRAMER + RASSNER, P.A. Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DR. #510 City MIAMI, FL Zip Code 33156
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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

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

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