


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-30-2007 90063 004 \*\*\*\*55.00

**DOCUMENT # L06000047278**

1. Entity Name  
**SW 299 ST, LLC**



Principal Place of Business      Mailing Address

**C/O FREDRIC M. GARVETT**      **C/O FREDRIC M. GARVETT**  
**18001 OLD CUTLER ROAD, SUITE 600**      **18001 OLD CUTLER ROAD, SUITE 600**  
**MIAMI, FL 33157**      **MIAMI, FL 33157**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**9860 SW. 140 ST.**      **9860 SW 140 ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**MIAMI, FL.**      **MIAMI, FL.**

Zip      Country      Zip      Country

**33176**      **USA**      **33176**      **USA**



04262007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

**20-4855516**      Not Applicable

5. Certificate of Status Desired       **\$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      **KRAMER + RASSNER, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**7700 N. KENDALL DR. #510**

City      **MIAMI,**      FL      Zip Code      **33156**

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)      DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGRM</b>
STREET ADDRESS		STREET ADDRESS	<b>MFS OF SOUTH FLORIDA, LLC</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>9860 SW. 140 ST.</b>
			<b>MIAMI, FL. 33176</b>
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	
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      DATE      Daytime Phone #