


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90063 049 ****55.00

DOCUMENT # L06000067423 1. Entity Name MFS PROPERTIES, LLC			
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	
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
4. FEI Number 20-5171876		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, ELIZABETH C/O SILVER, GARVETT & HENKE, 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 <i>Wayne Rasser</i> V.P. WAYNE RASSNER DATE 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 MGRM <input checked="" type="checkbox"/> Delete	NAME GRAYSON, DAVID	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MFS OF SOUTH FLORIDA, LLC
STREET ADDRESS 18001 OLD CUTLER ROAD, SUITE 600	CITY-ST-ZIP MIAMI, FL 33157	STREET ADDRESS 9860 SW. 140 ST.	CITY-ST-ZIP MIAMI, FL 33176
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 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: <i>David B. Grayson, MGR.</i>		DATE: 4/27/07	DAYTIME PHONE #: 305-323-0751
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE</small>	<small>DAYTIME PHONE #</small>

60044326



04262007 Chg-LLC CR2E083 (12/06)