


# **-2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90088 047 \*\*\*\*50.00

|  |   |                                 |   |   |  |
|--|---|---------------------------------|---|---|--|
| <b>DOCUMENT # L03000028876</b>   |   |                                 |   |  |  |
| <b>1. Entity Name</b><br>2 SOUTH FEDERAL HIGHWAY, LLC  |   |                                 |   |   |  |
| <b>Principal Place of Business</b><br>100 S. BISCAYNE BLVD, STE 1100<br>MIAMI, FL 33131  |   |                                 | <b>Mailing Address</b><br>100 S. BISCAYNE BLVD, STE 1100<br>MIAMI, FL 33131 |   |  |
| <b>2. Principal Place of Business</b>  |   |                                 | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.   |   |  |
| City & State   |   |                                 | City & State  |   |  |
| Zip  |   | Country                         |   | Zip   |  |
| Country  |   | Country                         |   | 04072005    Chg-LLC    CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>11-3700979   |   |                                 |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b>  |   |                                 |   | <input type="checkbox"/> \$5.00 Additional Fee Required                           |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |                                 | <b>7. Name and Address of New Registered Agent</b>                          |   |  |
| ROSENTHAL, KERRY B ESQ<br>2875 N.E. 191ST ST., STE. 500<br>AVENTURA, FL 33180  |   |                                 | Name  |   |  |
|  |   |                                 | Street Address (P.O. Box Number is Not Acceptable)                          |   |  |
|  |   |                                 | City  |   |  |
|  |   |                                 | FL    Zip Code  |   |  |
| <b>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.</b>   |   |                                 |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |                                 |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>                |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>HOLLO, TIBOR<br>100 S. BISCAYNE BLVD, STE 1100<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |   | MGR<br>WAYNE HOLLO<br>100 S. BISCAYNE<br>MIAMI FL 33131                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |   | MGR<br>Jerome HOLLO<br>100 S. BISCAYNE<br>MIAMI FL 33131                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |   |                                 |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                                 |   |   |  |
| Date   |   |                                 |   | Daytime Phone #   |  |