
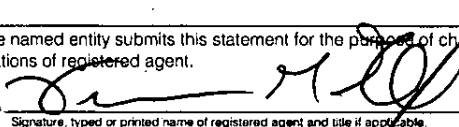



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90039 035 \*\*\*\*50.00

<b>DOCUMENT # L00000014245</b> 1. Entity Name <b>MFS REALTY OF SOUTH FLORIDA, L.L.C.</b>					
Principal Place of Business <b>3300 PGA BLVD., SUITE 600</b> <b>PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>3300 PGA BLVD., SUITE 600</b> <b>PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business <b>6619 S. Dixie Highway</b> Suite, Apt. #, etc. <b>Suite 312</b>		3. Mailing Address <b>same</b> Suite, Apt. #, etc.		4. FEI Number <b>65-1079336</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Miami, Florida 33143</b>		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PROBST, DANIEL J</b> <b>3300 PGA BLVD., SUITE 600</b> <b>PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name <b>Fredric M. Garvett</b> Street Address (P.O. Box Number is Not Acceptable) <b>Silver, Garvett &amp; Henkel, P.A.</b> <b>18001 Old Cutler Road - Suite 600</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33157</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. SIGNATURE:  DATE: <b>2/15/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAKESPEARE, MARK F <del>3300 PGA BLVD., SUITE 600</del> <del>PALM BEACH GARDENS, FL 33410</del> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	6619 South Dixie Highway - Ste. 312 Miami, Florida 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 				(Mark Shakespeare, Manager) 02/15/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

**20043716**



02082006 Chg-LLC CR2E083 (11/05)