


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2006 90039 036 ****50.00

DOCUMENT # L00000014181		
1. Entity Name FOUR M REALTY OF SOUTH FLORIDA, L.L.C.		

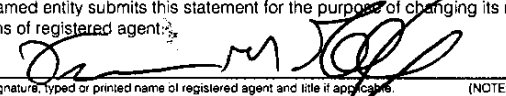
Principal Place of Business 3300 PCA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410	Mailing Address 3300 PCA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business 6619 South Dixie Highway Suite, Apt. #, etc. Suite 312 City & State Miami, Florida Zip 33143	3. Mailing Address Same Suite, Apt. #, etc. City & State Country US
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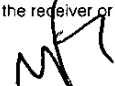
02082006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent PROBST, DANIEL J 3300 PCA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Fredric M. Garvett Street Address (P.O. Box Number is Not Acceptable) Silver, Garvett & Henkel, P.A. 18001 Old Cutler Road - Suite 600 City Miami FL Zip Code 33157	
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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 	DATE 2/15/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKESPEARE, MARK F 3300 PCA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6619 S. Dixie Highway - Suite 312 Miami, Florida 33143
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
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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:  (Mark Shakespeare, Manager) 2/15/06	Date Daytime Phone #