
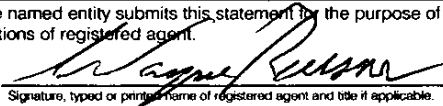


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90063 037 ****55.00

DOCUMENT # L00000014181			
1. Entity Name FOUR M REALTY OF SOUTH FLORIDA, L.L.C.			
Principal Place of Business 6619 SOUTH DIXIE HIGHWAY SUITE 312 MIAMI, FL 33143		Mailing Address 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6619 SOUTH DIXIE HWY. SUITE 312	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33143	USA	33143	USA
6. Name and Address of Current Registered Agent GARVETT, FREDERIC M 18001 OLD CUTLER ROAD SUITE 600 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name: KRAWERT 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:  V.P. WAYNE RASSNER DATE: 4-27-08 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	

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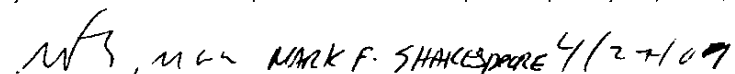
04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1080888 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKESPEARE, MARK F 6619 S. DIXIE HIGHWAY SUITE 312 MIAMI, FL 33143 <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 F. SHAKESPEARE 4/27/07 305 495 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #