

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-02-2005 90091 007 \*\*\*\*50.00

**DOCUMENT # L0000014182**  
 1. Entity Name  
 MFS OF SOUTH FLORIDA, L.L.C.



Principal Place of Business: 3300 PGA BLVD., SUITE 500, PALM BEACH GARDENS, FL 33410  
 Mailing Address: 3300 PGA BLVD., SUITE 500, PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1079336</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 PROBST, DANIEL J  
 3300 PGA BLVD., SUITE 500  
 PALM BEACH GARDENS, FL 33410

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKEPEARE, MARK F 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAYSON, DAVID B. 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL. 33410
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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.

SIGNATURE: *[Signature]* **MANAGING MEMBER** 4/26/05 305-323-0751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #