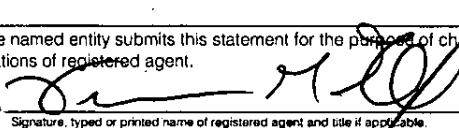


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L00000014245 1. Entity Name MFS REALTY OF SOUTH FLORIDA, L.L.C.					
Principal Place of Business 3300 PGA BLVD., SUITE 600 PALM BEACH GARDENS, FL 33410			Mailing Address 3300 PGA BLVD., SUITE 600 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business 6619 S. Dixie Highway Suite, Apt. #, etc. Suite 312 City & State Miami, Florida 33143 Zip Country		3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-1079336 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent PROBST, DANIEL J 3300 PGA BLVD., SUITE 600 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				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 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAKESPEARE, MARK F 3300 PGA BLVD., SUITE 600 PALM BEACH GARDENS, FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 6619 South Dixie Highway - Ste. 312 Miami, Florida 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
SIGNATURE: 			(Mark Shakespeare, Manager) 02/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

20043716



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