2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 03, 2006 8:00 am
Secretary of State
05-03-2006 90039 035 ****50.00

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1. Entity Name
MFS REALTY OF SOUTH FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
~~3300 PGA BLVD., SUITE 600~~ ~~PALM BEACH GARDENS, FL 33410~~	~~3300 PGA BLVD., SUITE 600~~ ~~PALM BEACH GARDENS, FL 33410~~

2. Principal Place of Business		3. Mailing Address	
6619 S. Dixie Highway		same	
Suite, Apt. #, etc.: Suite 312		Suite, Apt. #, etc.	
City & State: Miami, Florida 33143		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
~~PROBST, DANIEL J~~ ~~3300 PGA BLVD., SUITE 600~~ ~~PALM BEACH GARDENS, FL 33410~~	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: [signature] DATE: 2/15/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SHAKESPEARE, MARK F	NAME	
STREET ADDRESS	~~3300 PGA BLVD., SUITE 600~~	STREET ADDRESS	6619 South Dixie Highway - Ste. 312
CITY-ST-ZIP	~~PALM BEACH GARDENS, FL 33410~~	CITY-ST-ZIP	Miami, Florida 33143
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] (Mark Shakespeare, Manager) 02/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #