

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90063 038 ****55.00

DOCUMENT # L00000014245	
1. Entity Name MFS REALTY OF SOUTH FLORIDA, L.L.C.	

Principal Place of Business 6619 S DIXIE HWY STE 312 MIAMI, FL 33143	Mailing Address 6619 S DIXIE HWY STE 312 MIAMI, FL 33143
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00044001



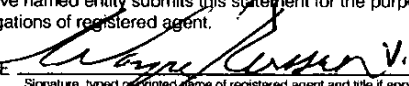
04262007 Chg-LLC CR2E083 (12/06)

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 GARVETT, FREDRIC M SILVER, GARVETT & HENKEL, PA 18001 OLD CUTLER RD STE 600 MIAMI, FL 33157	
---	--

7. Name and Address of New Registered Agent Name KRAMER F RASSNER, P.A. Street Address (P.O. Box Number is Not Acceptable) 7700 SW 88 ST. #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  WAYNE RASSNER DATE 4-27-07 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, 2007	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 6619 S DIXIE HWY STE 312 MIAMI, FL 33143 ☐ 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
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
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

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 4/27/07	Daytime Phone # 305 495 8000
--	---------------------	-------------------------------------