2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001668

Entity Name: SOUTHERN FACILITIES DEVELOPMENT LLC

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1200 PONCE DE LEON 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 FIRST FLOOR CORAL GABLES, FL 33134 US

New Mailing Address: Current Mailing Address:

1200 PONCE DE LEON 1200 PONCE DE LEON BOULEVARD FIRST FLOOR FIRST FLOOR CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

FEI Number: 65-1078076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOSCHETTI, JOSE R RAULIN, KURT A 1200 PONCÉ DE LEON 1200 PONCE DE LEON BOULEVARD FIRST FLOOR CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US

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.

SIGNATURE: KURT A. RAULIN 04/28/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition ABELE, CHARLES JR. ABELE, CHARLES JR. Name: Name:

1200 PONCE DE LEON, 1ST FLOOR Address: 1200 PONCE DE LEON BOULEVARD Address:

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

() Delete (X) Change () Addition Title: MGR Title: MGR BOSCHETTI, JOSE Name: BOSCHETTI, JOSE R Name:

Address: 1200 PONCE DE LEON, 1ST FLOOR Address: 1200 PONCE DE LEON BOULEVARD City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete Title: MGR (X) Change () Addition CAYON, MAURICE Name: CAYON, MAURICE Name:

1200 PONCE DE LEON, 1ST FLOOR 1200 PONCE DE LEON BOULEVARD Address: Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE R. BOSCHETTI 04/28/2006