

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001668

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SOUTHERN FACILITIES DEVELOPMENT LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

VILARELLO, ALEX ESQUIRE  
1200 PONCE DE LEON BOULEVARD  
FIRST FLOOR  
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: ALEX VILARELLO      04/30/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ABELE, CHARLES R JR.  
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: BOSCHETTI, JOSE R  
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR  
City-St-Zip: CORAL GABLES, FL 33134 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: CAYON, MAURICE  
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR  
City-St-Zip: CORAL GABLES, FL 33134 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES ABELE      MGR      04/30/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date