

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90191 035 ****50.00

DOCUMENT # L01000005553	
1. Entity Name SOUTHSTAR PROPERTY & INVESTMENT, L.L.C.	

Principal Place of Business 3635 N.W. 106 STREET MIAMI, FL 33147	Mailing Address 3635 N.W. 106 STREET MIAMI, FL 33147
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60020166

2. Principal Place of Business - No P.O. Box # 1070 E. 52th street	3. Mailing Address 174 NE 96th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02232007 Chg-LLC CR2E083 (12/06)

City & State Hialeah - Florida	City & State Miami shores - Florida
Zip 33013	Country U.S.A.
Zip 33138	Country U.S.A.

4. FEI Number 65-1096111	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GONZALEZ JR, SALVADOR S 3635 NW 106 STREET MIAMI, FL 33147	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ JR, SALVADOR S 3635 NW 106 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, SOL MARIA 3635 NW 106 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 605, Florida Statutes.

SIGNATURE: Salvador Gonzalez Jr.	Date: 2/23/07	Daytime Phone #: 3056935429
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		