

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000013086

1. Entity Name
SOUTH MIAMI PROPERTIES, LLC



Principal Place of Business

**7171 SW 62ND AVE.
4TH FLOOR
MIAMI, FL 33143**

Mailing Address

**7171 SW 62ND AVE.
4TH FLOOR
MIAMI, FL 33143**



01252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128362

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALAM, NASIR M
7171 SW 62ND AVENUE
4TH FLOOR
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALAM FAMILY LIMITED LIABILITY PARTNERSHIP
STREET ADDRESS	15020 S.W. 74TH AVE.
CITY-ST-ZIP	MIAMI, FL 331582123
TITLE	MGRM
NAME	STAR DUST INVESTMENT, INC.
STREET ADDRESS	6535 S.W. 123RD STREET
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/07-80020-018 55.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-25-07

Date

(305) 669-2700

Daytime Phone #