

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 027 ****50.00

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DOCUMENT # L01000020874
1. Entity Name
SOUTHPROP, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4675 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 305 City & State Coral Gables, Florida		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33146	Country USA	Zip	Country

4. FEI Number 65-1159609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Tracey Skinner Brown, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 4675 Ponce de Leon Blvd. Suite 305	
City Coral Gables	FL Zip Code 33146

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Truman A. Skinner 4675 Ponce de Leon Blvd., Suite 305 Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Harold D. White 1390 S. Dixie Highway, Suite 1390 Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Carrie A. Henderson 8201 S.W. 94th Street Miami, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Truman A. Skinner, Mang. Member 4/23/02 305-667-7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #