

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020874

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: SOUTHPROP, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1159609      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROWN, TRACEY S ESQ.  
2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SKINNER, TRUMAN A  
Address: 2199 PONCE DE LEON BLVD, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: WHITE, HAROLD D  
Address: 1390 S. DIXIE HIGHWAY, SUITE 2123  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: HENDERSON, CARRIE A  
Address: 8201 SW 94TH STREET  
City-St-Zip: MIAMI, FL 33154

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRUMAN A. SKINNER      MGRM      04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date