### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L02000001318**

Entity Name
 SOUTH FLORIDA DEVELOPERS, L.L.C.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business 230 PALERMO AVE. CORAL GABLES, FL 33134 Mailing Address 230 PALERMO AVE. CORAL GABLES, FL. 33134



## DO NOT WRITE IN THIS SPACE

04112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3683303

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

GOLDMEIER, BARRY S 230 PALERMO AVE. CORAL GABLES, FL 33134

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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 egent 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 NAME STREET ADDRESS CITY-ST-ZIF	MGRM KORGE, CHRISTOPHER G 230 PALERMO AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMEIER, BARRY 230 PALERMO AVE CORAL GABLES, FL 33134
TITLE NAME STREET ANDRESS CITY-ST-ZIP	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STHEET AUDRESS CITY-ST-ZIP	
TITLE NAME STREET AUDHESS CITY-ST-ZIP	

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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 eath; 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

4/18/01

305-444-9533

Daylma Phone #