2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015129

Entity Name: SA-PG MANAGERS - NORTH MIAMI LLC

NEW SURFSIDE ADMINIS, TRATORS, LLC

C/O 44 SOUTH BROADWAY, SUITE 614

WHITE PLAINS, NY 10601

Name: Address:

City-St-Zip:

FILED Jan 08, 2007 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|----------------------------------|----------------------------------|---|--|
| 44 SOUTH BROADWAY SUITE 614 | | | | |
| WHITE PLAINS, NY 1060 | 1 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 44 SOUTH BROADWAY SUITE 614 WHITE PLAINS, NY 1060 | 1 | | | |
| FEI Number: 01-0716302 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| REBACK, P.A., JOSEPH L FOUR SEASONS TOWER 15TH FLOOR MIAMI, FL 33131 US | R, 1441 BRICKELL AVENUE | | | |
| The above named entity su in the State of Florida. | ubmits this statement for the pu | ırpose of changing its registere | d office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Ager | | nt | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: MGR ()[| Delete | 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 Chapter 119, 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: MAXWELL STOLZBERG MGR 01/08/2007