

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026133

FILED
Jun 02, 2008
Secretary of State

Entity Name: SOUTH FLORIDA ASSET MANAGEMENT, LLC

Current Principal Place of Business:

529 BROAD AVE. SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

529 BROAD AVE. SOUTH
NAPLES, FL 34102

New Mailing Address:

9162 LAKE FISCHER BLVD
GOTHA, FL 34734

FEI Number: 43-2023946 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALWARD, GRANT P
529 BROAD AVE. SOUTH
NAPLES, FL 34102 US

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/MANAGERS:

Title: MGRM () Delete
Name: ALWARD, GRANT P
Address: 529 BROAD AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALWARD, GRANT P
Address: 9162 LAKE FISCHER BLVD
City-St-Zip: GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify 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: GRANT P ALWARD

MGRM

06/02/2008

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