


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90134 003 ***138.75

DOCUMENT # L02000031972

1. Entity Name
 SOUTH FLORIDA ASSOCIATES, LLC



Principal Place of Business
 3191 CORAL WAY
 623
 MIAMI, FL 33145

Mailing Address
 3191 CORAL WAY
 623
 MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #
 2828 CORAL WAY
 Suite, Apt. #, etc.
 308


3. Mailing Address
 2828 CORAL WAY
 Suite, Apt. #, etc.
 308

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33145

Country
 USA



01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 02-0657136

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUIMARAES, GABRIELA
 3191 CORAL WAY
 STE. 623
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
 N/A

Street Address (P.O. Box Number is Not Acceptable)
 2828 CORAL WAY # 308

City
 MIAMI

City
 FL

Zip Code
 33145

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 _____ (NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	GUIMARAES, GABRIELA 3191 CORAL WAY #623 MIAMI, FL 33145	TITLE SAME	2828 CORAL WAY # 308 MIAMI, FL, 33145
TITLE S	MACHADO, GILSON 3191 CORAL WAY #623 MIAMI, FL 33145	TITLE SAME	2828 CORAL WAY # 308 MIAMI, FL, 33145
TITLE S	LINSNETO, JOSE T 3191 CORAL WAY #623 MIAMI, FL 33145	TITLE SAME	2828 CORAL WAY # 308 MIAMI, FL, 33145
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

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 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: *Jose T Linsneto* Date: 02/22/08 (305) 567-1163

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE