2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000033236

1. Entity Name

STADIUM SOUTH PROPERTIES, LLC



Mailing Address

Principal Place of Business 6740 EAST ROGERS CIRCLE BOCA RATON, FL 33487

6740 EAST ROGERS CIRCLE BOCA RATON, FL 33487

FILED Apr 27, 2005 08:00 AM Secretary of State



03282005 No Chg-LLC

CR2E083 (10/03)

| 4. | FEI Number | | |
|----|------------|--|--|
| | 20-0016271 | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTON, RICHARD KATZ BARRON SQUITERO & FAUSE 2699 S BAYSHORE DR #700A MIAMI, FL 33133

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| MIAMI, FL 33133 | | IIN I | IN THIS SPACE | | |
|--|--|--|--|--|--|
| | named entity submits this statement for the purpose of char ions of registered agent. | nging its registered office or registered agent, or bot | h, in the State of Florida. I am familiar with, and accept | | |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE. Registered Agent signature required when reinstaling) | DATE | | |
| Fi D | iling Fee is \$50.00 ue by May 1, 2005 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MORTON, RICHARD 6740 EAST ROGERS CIRCLE BOCA RATON, FL 33487 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | U00000336561 04/27/05-80129-015 50.00 | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 11. I hereby | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shall billity company out to receiver or trustee empowered to exer | qualify for the exemption stated in Section 119.07(3); all have the same legal effect as if made under oath cute this report as required by Chapter 608. Florida | (i), Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes. | | |

limited liability company of 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

4/15/a5

56/998-7006

Daytime Phone #