


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028876
 1. Entity Name
 2 SOUTH FEDERAL HIGHWAY, LLC



| | |
|--|--|
| Principal Place of Business 100 S. BISCAYNE BLVD, STE 1100 MIAMI, FL 33131 | Mailing Address 100 S. BISCAYNE BLVD, STE 1100 MIAMI, FL 33131 |
|--|--|



02152006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 11-3700979 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 ROSENTHAL, KERRY B ESQ
 2875 N.E. 191ST ST., STE. 500
 AVENTURA, FL 33180

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

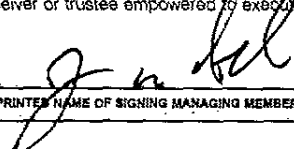
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOLLO, TIBOR 100 S. BISCAYNE BLVD, STE 1100 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HOLLO, WAYNE 100 S BISCAYNE MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HOLLO, JEROME 100 S BISCAYNE MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 04/28/06-80064-011 50.00

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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 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Days/Time Phone # _____