


**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"/>	<b>\$5.00</b> 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

**DO NOT WRITE IN THIS SPACE**

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**

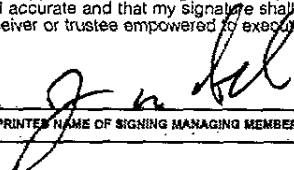
9. MANAGING MEMBERS/MANAGERS

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	

1100000509944  
 04/28/06-80064-011 50.00

**DO NOT WRITE IN THIS SPACE**

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 # \_\_\_\_\_