

**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 ☐

\$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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE	MGR
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S BISCAYNE
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	MGR
NAME	HOLLO, JEROME
STREET ADDRESS	100 S BISCAYNE
CITY - ST - ZIP	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

Daytime Phone #