

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052283

Entity Name: SFD AT BLOCK 55, LLC

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

2901 S.W. 8TH STREET, SUITE 204
MIAMI LAKES, FL 33145

New Principal Place of Business:

1200 PONCE DE LEON
FIRST FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2901 S.W. 8TH STREET, SUITE 204
MIAMI LAKES, FL 33145

New Mailing Address:

1200 PONCE DE LEON
FIRST FLOOR
CORAL GABLES, FL 33134

FEI Number: 20-1068662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

06/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOSCHETTI, JOSE R
Address: 2901 S W8 STREET STE 204
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOSCHETTI, JOSE R
Address: 1200 PONCE DE LEON, FIRST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 BOSCHETTI

MGR

06/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date