


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000025061 1. Entity Name SOUTH FORK DEVELOPMENT L.L.C.	
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Principal Place of Business 8927 HAWTHORNE AVE. SURFSIDE, FL 33154	Mailing Address 8927 HAWTHORNE AVE. SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE



02022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0509798	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 LAVIANO, ROBERT 8927 HAWTHORNE AVE. SURFSIDE, FL 33154

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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 <u>Robert Laviano</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>2/3/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000836843 03/04/08-80032-023 138.75
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8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVIANO, ROBERT 8927 HAWTHORNE AVE. SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVIANO, FRANK 35 MILL GLEN ROAD UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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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: <u>Robert Laviano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>2/3/2008</u> DAYTIME PHONE # <u>305-885-8387</u>