

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-19-2005 90011 024 ****50.00

DOCUMENT # L04000030474					
1. Entity Name SOUTH FEDERAL PROPERTIES, L.L.C.					
Principal Place of Business 25 S. FEDERAL HIGHWAY LAKE WORTH, FL 33460			Mailing Address 25 S. FEDERAL HIGHWAY LAKE WORTH, FL 33460		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-2010336				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SYLVESTER, STEPHEN J 25 S. FEDERAL HIGHWAY LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ DATE <u>5/9/05</u> (Signature, name or printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when name change)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ☐ Delete Stephen J. Sylvester 5301 S. OLIVE AVE West Palm Bch FL 33405				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
11. I hereby certify that the information supplied with this filing does not qualify 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 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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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