


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90367 018 ****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


change it

5801 S OLIVE AVE
WEST PALM BEACH, FL 33405

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WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

40113133



01302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2010336	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

SYLVESTER, STEPHEN J
25 S. FEDERAL HIGHWAY
LAKE WORTH, FL 33460

5801 S OLIVE AVE
WEST PALM BEACH
FL 33405

**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 *Stephen J. Sylvester* DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SYLVESTER, STEPHEN J 5801 S OLIVE AVE WEST PALM BEACH, FL 33405
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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: *Stephen J. Sylvester* DATE: *4/30/07* DAYTIME PHONE: *(561) 1773*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE