

05-12-2005 90030 003 ****55.00

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**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**

05 SEP 28 PM 12:09 LA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20058661

09/26/05

DOCUMENT # L04000042829					
1. Entity Name NEW DAWN SOUTH SIDE, LLC					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, SUITE 200 COCONUT GROVE, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE, SUITE 200 COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 26-4555784			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			01172005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name: JACK KAPLAN Street Address (P.O. Box Number is Not Acceptable): 2601 SOUTH BAYSHORE DRIVE SUITE 200 City: MIAMI FL Zip Code: 33133		
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: <i>Jack Kaplan</i> DATE: 4-17-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACK KAPLAN 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FLORIDA 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(j), 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: <i>Jack Kaplan</i>		4-17-05		305-857-0400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	