

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056412

Entity Name: SFD AT 1704 POLK, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1200 PONCE DE LEON BOULEVARD
FIRST FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1200 PONCE DE LEON BOULEVARD
FIRST FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-1434550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBIN, FRANCISCO A
1200 PONCE DE LEON BOULEVARD
FIRST FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VILARELLO, ALEX ESQUIRE
1200 PONCE DE LEON BOULEVARD
FIRST FLOOR
CORAL GABLES, FL 33134 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: ALEX VILARELLO

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABELE, CHARLES R JR.
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: BOSCHETTI, JOSE R
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES ABELE

MGR

04/29/2009

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