

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90101 040 \*\*\*\*50.00

<b>DOCUMENT # L04000064166</b> 1. Entity Name <b>SOUTH FLORIDA INVESTMENT HOLDINGS, LLC</b>					
Principal Place of Business <b>200 S. BISCAYNE BOULEVARD, SUITE 1000</b> <b>ATTN: THOMAS O. WELLS, ESQ.</b> <b>MIAMI FL 33131</b>			Mailing Address <b>200 S. BISCAYNE BOULEVARD, SUITE 1000</b> <b>ATTN: THOMAS O. WELLS, ESQ.</b> <b>MIAMI FL 33131</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1591087</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BSPA CORPORATE SERVICES, INC.</b> <b>350 EAST LAS OLAS BOULEVARD, SUITE 1000</b> <b>FT. LAUDERDALE FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WELLS, THOMAS O ESO.</b> <b>200 S. BISCAYNE BOULEVARD, SUITE 1000</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Thomas O Wells</i></u> <b>1/26/05</b> <b>305 714-4360</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 11742-9003

ATTACHMENT

L04000064166

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Date of this notice: 09-20-2004

Employer Identification Number:  
20-1591087

Form: SS-4

Number of this notice: CP 575 C

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

  
SOUTH FLORIDA INVESTMENT HOLDINGS  
WELLS THOMAS O MBR  
200 S BISCAYNE BLVD STE 1000  
MIAMI FL 33131

001515

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-1591087. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 941	04/30/2005
Form 1065	04/15/2005
Form 940	01/31/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

575C ATTACHMENT 09-20-2004 SOUT B 0133047437 SS-4

09-20-2004 SOUT B 0133047437 SS-4

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CP 575 C (Rev. 1-2004)

CP 575 C

0133047437

DATE OF THIS NOTICE: 09-20-2004  
EMPLOYER IDENTIFICATION NUMBER: 20-1591087  
FORM: SS-4 NOBOD

**INTERNAL REVENUE SERVICE**  
**HOLTSVILLE NY 11742-9003**

SOUTH FLORIDA INVESTMENT HOLDINGS  
LLC  
WELLS THOMAS O MBR  
200 S BISCAYNE BLVD STE 1000  
MIAMI FL 33131