


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90103 021 ****50.00

DOCUMENT # L04000070830		
1. Entity Name SOUTH OF FIFTH, LLC		

Principal Place of Business 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157	Mailing Address 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157
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20047301



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1660423	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SILVER, SCOTT A 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157		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 <input checked="" type="checkbox"/>	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOPHER, JACOB 1018 BRICKELL AVENUE, PENTHOUSE ONE MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 Old Cutler Road - Suite 600 Miami, Florida 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAQUER, EDIE 1140 BRICKELL AVENUE, PENTHOUSE ONE MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 Old Cutler Road - Ste. 600 Miami, Florida 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Edie Laquer, MGRM)	00/05/06 305/374-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #