

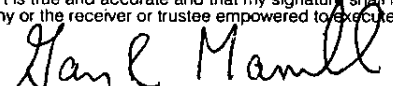


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90065 020 ***138.75

DOCUMENT # L04000070830 1. Entity Name SOUTH OF FIFTH, LLC					
Principal Place of Business 200 S. BISCAYNE BLVD. SUITE 2930 MIAMI, FL 33131			Mailing Address 200 S. BISCAYNE BLVD. SUITE 2930 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-1660423	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, H. WILLIAM JR. % 200 S. BISCAYNE BLVD., STE. 4900 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name GENET CHAVA E Street Address (P.O. Box Number is Not Acceptable) 3200 MUSEUM TOWER 150 WEST FLAGLER ST City MIAMI FL Zip Code 33130	
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  CHAVA GENET DATE 2/6/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOPHER, JACOB 18001 OLD CUTLER ROAD STE 600 MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 EAST 61ST ST NEW YORK, NY 10065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAQUER, EDIE 18001 OLD CUTLER ROAD-STE 600 MIAMI, FL 33157 <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:  GARY MARRELL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/8/08 Daytime Phone # 212-832-1060		