

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070830

Entity Name: SOUTH OF FIFTH, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
SUITE 2930
MIAMI, FL 33131

New Principal Place of Business:

425 EAST 61ST STREET
4TH FLOOR
NEW YORK, NY 10065

Current Mailing Address:

200 S. BISCAYNE BLVD.
SUITE 2930
MIAMI, FL 33131

New Mailing Address:

425 EAST 61ST STREET
4TH FLOOR
NEW YORK, NY 10065

FEI Number: 20-1660423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVA, GENET E
2200 MUSEUM TOWER
150 WEST FLAGLER
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOPHER, JACOB
Address: 425 EAST 61 ST
City-St-Zip: NEW YORK, NY 10065

Title: MGRM () Delete
Name: LAQUER, EDIE
Address: 18001 OLD CUTLER ROAD0-STE 600
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: VP () Change (X) Addition
Name: MARRELL, GARY R
Address: 425 EAST 61ST STREET
City-St-Zip: NEW YORK, NY 10065

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: GARY R MARRELL

VP

04/22/2009

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