

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073061

FILED  
May 31, 2005  
Secretary of State

**Entity Name:** SOUTH FLORIDA PROPERTY BUYERS, LLC

**Current Principal Place of Business:**

11000 NORTHWEST 92ND TERRACE  
MIAMI, FL 33178

**New Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134

**Current Mailing Address:**

11000 NORTHWEST 92ND TERRACE  
MIAMI, FL 33178

**New Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134

FEI Number: 74-3133258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE STE. 601  
CORAL GABLES, FL 33134      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/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FIELDSTONE, RONALD R  
Address: 201 ALHAMBRA CIRCLE, SUITE 601  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONALD R. FIELDSTONE

MGR

05/31/2005

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