

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90313 011 \*\*\*\*50.00

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|--|---|--|--|--|--|
| <b>DOCUMENT # L04000073061</b><br>1. Entity Name<br><b>SOUTH FLORIDA PROPERTY BUYERS, LLC</b>  |   |  |  |  |  |
| Principal Place of Business<br>201 ALHAMBRA CIRCLE<br>SUITE 601<br>CORAL GABLES, FL 33134  |   |  | Mailing Address<br>201 ALHAMBRA CIRCLE<br>SUITE 601<br>CORAL GABLES, FL 33134  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><i>6340 SUNSET DR.</i>   |   | 3. Mailing Address<br><i>6340 SUNSET DR.</i>                       |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State<br><i>MIAMI, FL.</i>  |   | City & State<br><i>MIAMI, FL.</i>                                  |  | 4. FEI Number<br><b>74-3133258</b>   |  |
| Zip <i>33143</i>   |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FIELDSTONE, RONALD R</b><br><b>201 ALHAMBRA CIRCLE STE. 601</b><br><b>CORAL GABLES, FL 33134</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |   |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FIELDSTONE, RONALD R<br>201 ALHAMBRA CIRCLE, SUITE 601<br>CORAL GABLES, FL 33134 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <i>MGR.</i><br><i>TOMAS CABRERIZO</i><br><i>6340 SUNSET DR.</i><br><i>MIAMI, FL. 33143</i> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |  |  |
| <b>SIGNATURE:</b> <i>TOMAS CABRERIZO, MGR.</i> <span style="float: right;">04/04/07 305-779-8002</span>  |   |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |   |  |  |  |  |