2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

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Entity Name: SOUTH MIAMI CENTER, LLC

Current Principal Place of Business:

C/O RONALD E. RUBIN, CPA
9100 SOUTH DADELAND BOULEVARD, SUITE 901
MIAMI, FL 33156 US

New Principal Place of Business:

C/O RONALD E. RUBIN, CPA
9100 SOUTH DADELAND BOULEVARD, SUITE 1600
MIAMI, FL 33156 US

Current Mailing Address:

C/O RONALD E. RUBIN, CPA
9100 SOUTH DADELAND BOULEVARD, SUITE 901
MIAMI, FL 33156 US

New Mailing Address:

C/O RONALD E. RUBIN, CPA
9100 SOUTH DADELAND BOULEVARD, SUITE 1600
MIAMI, FL 33156 US

FEI Number: 65-6221944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBIN, RONALD E CPA
9100 SOUTH DADELAND BOULEVARD
SUITE 901
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

RUBIN, RONALD E CPA
9100 SOUTH DADELAND BOULEVARD
SUITE 1600
MIAMI, FL 33156 US

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: _____ 01/09/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RMN FAMILY PARTNERSH, IP
Address: C/O R RUBIN 9100 S DADELAND BIVD #901
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT NAMOFF MGR 01/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date