


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90063 044 ****55.00

DOCUMENT # L05000021099					
1. Entity Name S.W. 288 ST., LLC					
Principal Place of Business 9860 SW 140 STREET MIAMI, FL 33176			Mailing Address 9860 SW 140 STREET MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2426423	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARVETT, FREDRIC M 18001 OLD CUTLER ROAD STE 600 MIAMI, FL 33157			7. Name and Address of New Registered Agent Name <u>KRAMER + RASSNER, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7700 N. KENDALL DR. #510</u> City <u>MIAMI,</u> FL Zip Code <u>33156</u>		
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 <u>Wayne Ruppert V.P.</u>		SIGNATURE <u>WAYNE RASSNER</u>		DATE <u>4-27-07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			

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04252007 Chg-LLC CR2E083 (12/06)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MFS OF SOUTH FLORIDA, LLC 9860 SW 140 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DAVID B. GRAYSON, MGR. 4/27/07 305-323-0751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #