2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# L05000068782

Entity Name: SANTA FE 174, LLC

Current Principal Place of Business:

1200 E. PONCE DE LEON BLVD.
MIAMI, FL 33134

New Principal Place of Business:

1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

1200 E. PONCE DE LEON BLVD.
MIAMI, FL 33134

New Mailing Address:

1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For (X)** **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:

HERNANDEZ, OMAR A
1200 E. PONCE DE LEON BLVD.
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

RAULIN, KURT A
1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 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: KURT A. RAULIN 05/16/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HERNANDEZ, OMAR A
Address: 1200 E. PONCE DE LEON BLVD.
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HERNANDEZ, OMAR A
Address: 1200 PONCE DE LEON BOULEVARD
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 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: OMAR A. HERNANDEZ MGR 05/16/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date