


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State


05-07-2008 90016 040 ***138.75

DOCUMENT # L05000120265	
1. Entity Name SAN FRANCISCO PROPERTY, LLC	

Principal Place of Business 5901 SW 74TH STREET, SUITE 400 SOUTH MIAMI, FL 33143	Mailing Address 5901 SW 74TH STREET, SUITE 400 SOUTH MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # 9400 S Dadeland Blvd.	3. Mailing Address 9400 S Dadeland Blvd.
Suite, Apt. #, etc. Suite 601	Suite, Apt. #, etc. Suite 601
City & State Miami, FL	City & State Miami, FL
Zip 33156	Country USA

00000011



01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4047145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MOLANS, JAMES A 5901 SW 74TH STREET, SUITE 400 SOUTH MIAMI, FL 33143	

7. Name and Address of New Registered Agent	
Name ROBERT TARABOULOS	
Street Address (P.O. Box Number is Not Acceptable) 9400 South Dadeland Blvd., Suite 601	
City Miami	FL 33156

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 *Robert Taraboulos* **ROBERT TARABOULOS** *4/10/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, DAVID 5901 SW 74TH ST., STE 400 S. MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rodriguez, David 9400 South Dadeland Blvd., Suite 601 Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: *[Signature]* *4-10-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #