

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010966

Entity Name: SLOFAR PROJECTS 2005,LLC

FILED
May 12, 2009
Secretary of State

Current Principal Place of Business:

1000 BRICKELL AVENUE
SUITE 1005
MIAMI, FL 33131

New Principal Place of Business:

848 BRICKELL AVENUE
SUITE 1015
MIAMI, FL 33131

Current Mailing Address:

1000 BRICKELL AVENUE
SUITE 1005
MIAMI, FL 33131

New Mailing Address:

848 BRICKELL AVENUE
SUITE 1015
MIAMI, FL 33131

FEI Number: 20-4692129 FEI Number Applied For () 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:

ANTONIO, ZAMORA R
201 S. BISCAYNE BLVD.
STE. 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SLODARZ, MONICA
848 BRICKELL AVE
STE 1015
MIAMI, FL 33131 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: MONICA SLODARZ

05/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLOFAR DEVELOPMENT, LLC
Address: 1000 BRICKELL AVENUE, SUITE 1005
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLOFAR DEVELOPMENT, LLC
Address: 848 BRICKELL AVENUE, SUITE 1015
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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: SLOFAR DEVELOPMENT

MGRM

05/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date