

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011419

**FILED**  
**Jan 03, 2007**  
**Secretary of State**

**Entity Name:** SLOFAR PROJECTS 2006, LLC

**Current Principal Place of Business:**

999 BRICKELL AVENUE  
SUITE 500  
MIAMI, FL 33131 US

**New Principal Place of Business:**

1000 BRICKELL AVENUE  
SUITE 1005  
MIAMI, FL 33131 US

**Current Mailing Address:**

999 BRICKELL AVENUE  
SUITE 500  
MIAMI, FL 33131 US

**New Mailing Address:**

1000 BRICKELL AVENUE  
SUITE 1005  
MIAMI, FL 33131 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SLOFAR DEVELOPMENT L, LC  
Address: 999 BRICKELL AVENUE, SUITE 500  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SLOFAR DEVELOPMENT L, LC  
Address: 1000 BRICKELL AVENUE, SUITE 1005  
City-St-Zip: MIAMI, FL 33131 US

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: SLOFAR DEVELOPMENT LLC                      MGRM                      01/03/2007

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