


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90063 050 ****55.00

DOCUMENT # L06000047272

1. Entity Name
 SW 352 ST, LLC



Principal Place of Business Mailing Address

C/O FREDRIC M. GARVETT C/O FREDRIC M. GARVETT
 18001 OLD CUTLER ROAD, SUITE 600 18001 OLD CUTLER ROAD, SUITE 600
 MIAMI, FL 33157 MIAMI, FL 33157

60044325



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

9860 SW. 140 ST. 9860 SW. 140 ST.

Suite, Apt. #, etc. Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State City & State

MIAMI, FL. MIAMI, FL.

Zip Country Zip Country

33176 USA 33176 USA

4. FEI Number 20-4855438 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARVETT, FRERIC M
 C/O SILVER, GARVETT & HENKEL, P.A.
 18001 OLD CUTLER ROAD, SUITE 600
 MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name KRAMER + RASSNER, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 7700 N. KENDALL DR. #510
 City MIAMI FL Zip Code 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 *Wayne Rasser* V.P. WAYNE RASSNER DATE 4-27-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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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.* DATE: 4/27/07 DAYTIME PHONE: 305-323-0751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #