


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90063 004 ****55.00

DOCUMENT # L06000047278	
1. Entity Name SW 299 ST, LLC	

Principal Place of Business C/O FREDRIC M. GARVETT 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157	Mailing Address C/O FREDRIC M. GARVETT 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # 9860 SW. 140 ST.	3. Mailing Address 9860 SW 140 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33176	Country USA
Zip 33176	Country USA

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4855516	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GARVETT, FREDRIC M C/O SILVER, GARVETT & HENKEL, P.A. 18001 OLD CUTLER ROAD, SUITE 600 MIAMI, FL 33157	
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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 Rassner V.P. WAYNE RASSNER	DATE 4.27.07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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.** **4/27/07** **305-323-0751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #