2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064151

Entity Name: TLG SOUTH FLORIDA, LLC

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1927 NORTH PINE ISLAND ROAD 1899 NORTH PINE ISLAND ROAD PLANTATION, FL 33322 PLANTATION, FL 33322 **Current Mailing Address: New Mailing Address:** 1899 NORTH PINE ISLAND ROAD 1927 NORTH PINE ISLAND ROAD PLANTATION, FL 33322 PLANTATION, FL 33322 FEI Number: 20-5064963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUBINSZTAIN, SAMUEL A RUBINSZTAIN, SAMUEL A 2125 NORTH COMMERCE PARKWAY 3875 LOMBARDY STREET WESTON, FL 33326 US US HOLLYWOOD, FL 33021 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: SAMUEL A. RUBINSZTAIN 03/10/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GINSBERG, DANIEL Name: Name: 3092 NE 210 TERRACE Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: Title: () Delete () Change () Addition WEINSTEIN, ILAN Name: Name: Address: 3134 NE 211 STREET Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: () Delete Title: () Change () Addition RUBINSZTAIN, SAMUEL A Name: Name: Address: 3875 LOMBARDY STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: Name: SYLVIA, RUBINSZTAIN Address: Address: 3875 LOMBARDY STREET City-St-Zip: City-St-Zip: HOLLYWOOD, FL 33021 Title: () Delete Title: MGRM () Change (X) Addition AILYN, BANDEL Name: Name: 3134 NE 211 STREET Address: Address: City-St-Zip: City-St-Zip: AVENTURA, FL 33180 Title: () Delete Title: () Change (X) Addition MARLENY, ROSEMBERG Name: Name: Address: Address: 3092 NE 210 TERRACE AVENTURA, FL 33180 City-St-Zip: City-St-Zip:

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: SYLVIA RUBINSZTAIN MGRM 03/10/2009