

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092988

FILED  
Jul 27, 2007  
Secretary of State

Entity Name: SOUTH FLORIDA FEDERAL PARTNERS, LLC

## Current Principal Place of Business:

1000 CONNECTICUT AVE, NW SUITE 600  
WASHINGTON, DC 20036 US

## New Principal Place of Business:

2101 N ANDREWS AVENUE  
107  
WILTON MANORS, FL 33311 US

## Current Mailing Address:

1000 CONNECTICUT AVE, NW SUITE 600  
WASHINGTON, DC 20036 US

## New Mailing Address:

2101 N ANDREWS AVENUE  
107  
WILTON MANORS, FL 33311 US

FEI Number: 84-1717648      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:

CASTRO, III, JOSE  
8888 COLLINS AVENUE, APT. 101  
SURFSIDE, FL 33154 US

## Name and Address of New Registered Agent:

LEVIN, MARK MGR  
2101 N ANDREWS AVENUE  
107  
WILTON MANORS, FL 33311 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: MARK LEVIN

07/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEVIN, MARK  
Address: 4700 LINNEAN AVE, NW  
City-St-Zip: WASHINGTON, DC 20008 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LEVIN, MARK MGR  
Address: 2101 N ANDREWS AVE SUITE 107  
City-St-Zip: WILTON MANORS, FL 33311 US

Title: MGRM ( ) Change (X) Addition  
Name: SFFP LEVINCO, LLC,  
Address: 2101 N ANDREWS AVENUE SUITE 107  
City-St-Zip: WILTON MANORS, FL 33311 US

Title: MGRM ( ) Change (X) Addition  
Name: SFFP NICO-BROWARD, L, LC  
Address: 2101 N ANDREWS AVENUE SUITE 107  
City-St-Zip: WILTON MANORS, FL 33311 US

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: MARK LEVIN

MGR

07/27/2007

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