


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90064 036 ***138.75

DOCUMENT # L06000103630	
1. Entity Name SOUTH FLORIDA FEDERAL PARTNERS—KENDALL, LLC	

Principal Place of Business 1400 OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 33334-4400 US	Mailing Address 1400 OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 33334-4400 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60040763



04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0840270		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVIN, MARK 2101 N ANDREWS AVENUE 107 WILTON MANORS, FL 33311		Name Street Address (P.O. Box Number is Not Acceptable) 1400 E Oakland Park Blvd Suite 210 City Oakland Park FL Zip Code 33334	


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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, MARK 2101 N ANDREWS AVE SUITE 107 WILTON MANORS, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 E Oakland Park Blvd.-Suite 210 Oakland Park, FL 33334-4400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEESON, JAMES M JR 2101 N ANDREWS AVE SUITE 107 WILTON MANORS, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 E. Oakland Park Blvd-Suite 210 Oakland Park, FL 33334-4400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Jim Beeson Jr 4/22/08 954-5638953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #