

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90205 049 \*\*\*150.00


|  |   |
|--|---|
| <b>DOCUMENT # L06000105597</b>                               |  |
| 1. Entity Name<br><b>SOUTH FLORIDA PRIME PROPERTIES, LLC</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>7805 LOS PINOS CIRCLE<br/>CORAL GABLES, FL 33143</b> | Mailing Address<br><b>C/O ATER REGISTERED AGENTS, LLC<br/>2601 SOUTH BAYSHORE DRIVE, SUITE #700<br/>COCONUT GROVE, FL 33133</b> |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>7805 Los Pinos Circle</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                                |

|              |   |
|--------------|---|
| City & State | City & State<br><b>Coral Gables, Fla.</b> |
| Zip          | Zip<br><b>33143</b>                       |
| Country      | Country<br><b>U.S.A.</b>                  |

**20004352**



02202007 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>ATER REGISTERED AGENTS, LLC<br/>2601 SOUTH BAYSHORE DRIVE, SUITE #700<br/>COCONUT GROVE, FL 33133</b> |  |
|---|--|

|   |  |
|---|--|
| 4. FEI Number<br><b>20-5800689</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |
| 7. Name and Address of New Registered Agent               |  |
| Name  |  |
| Street Address (P.O. Box Number is Not Acceptable)        |  |
| City <b>FL</b> Zip Code                                   |  |

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 reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GOMEZ, ARMERLIO J<br>7805 LOS PINOS CIRCLE<br>CORAL GABLES, FL 33143 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GOMEZ, MARTHA G<br>7805 LOS PINOS CIRCLE<br>CORAL GABLES, FL 33143 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: Martha G Gomez 2/20/2007 305-666-1115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #