## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT #L06000109245**

1. Entity Name



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

05-13-2008 90064 033 \*\*\*138.75

SOUTH FLORIDA FEDERAL PARTNERS—CENTI MIAMI, LLC								
Principal Place of Business	Mailing Address							
1400 EAST OAKLAND PARK BLVD, SUITE 210	1400 EAST OAKL							
OAKLAND PARK, FL 33334-4400 US	OAKLAND PARK, I							

	AST OAKLAND PARK BLVD, SUITE 210 1400 EAST OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 33334-4400 US			`	North or the state of the						
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.		04082000	Ghg-LLC	CR2E	E083 (12/06)					
City & State		City & State				4. FEI Number Applied For 64-0949239 Not Applied ble					
Zip		Country	Zip Country			Certificate of Status Desired					
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent					
					Name			·			
LEVIN, MARK 2101 N ANDREWS AVENUE				Street Address (P.O. Box Number is Not Acceptable), 1400 E Oakland Pavk Blud							
107 WLTON N	MANORS.	FL 33311			Suite 210						
	,				- <u>-</u> -	nd Parl	<u></u>	F	L 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.											
PIONATURE	•	•								j	
SIGNATURE .	Signature, typed	d or printed name of registered agent an	ed tate of applicable. (NOTE	E: Registere	od Agent signature req	ured when renstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State				,·			
9.		MANAGING MEMBER	IS/MANAGERS	10.			ADDITIO	NS/CHANG	ES		
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STREET ADDRESS					EET ADORESS						
CITY-ST-ZIP	I			CITY	Y-ST-ZIP						

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 accurage 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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