


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-13-2008 90064 033 ***138.75

DOCUMENT # L06000109245 1. Entity Name SOUTH FLORIDA FEDERAL PARTNERS-CENTRAL MIAMI, LLC					
Principal Place of Business 1400 EAST OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 33334-4400 US			Mailing Address 1400 EAST OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 33334-4400 US		
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	4. FEI Number 64-0949239	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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) <i>1400 E Oakland Park Blvd.</i> <i>Suite 210</i> City <i>Oakland Park</i> FL Zip Code <i>33334</i>	
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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, MARK 1400 EAST OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 333344400	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEESON, JAMES M JR 1400 EAST OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 333344400	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>James M. Beeson</i> JAMES M. BEESON 4/22 9-5638953					