

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000010783

FILED
Jul 23, 2009
Secretary of State**Entity Name:** 405 SOUTH DIXIE HIGHWAY, LLC**Current Principal Place of Business:**9000 ARVIDA DRIVE
CORAL GABLES, FL 33156**New Principal Place of Business:**C/O 6865 NW 36 AVENUE
MIAMI, FL 33147**Current Mailing Address:**9000 ARVIDA DRIVE
CORAL GABLES, FL 33156**New Mailing Address:**C/O 6865 NW 36 AVENUE
MIAMI, FL 33147**FEI Number:** 20-8334075**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RICHARD, WOOD ESQ.
1395 BRICKELL AVENUE
14 FLOOR
MIAMI, FL 33021 US**Name and Address of New Registered Agent:**LICHTER, DAVID H ESQ
18305 BISCAYNE BOULEVARD
402
AVENTURA, FL 33160 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: DAVID H. LICHTER

07/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TIMINSKY, GEORGE R
Address: 9000 ARVIDA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: VP (X) Delete
Name: ROSENBAUM, SCOTT
Address: 9000 ARVIDA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARMENDIA, MAGGIE
Address: 6865 NW 36 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAGGIE GARMENDIA

MGRM

07/23/2009

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