

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060464

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA FEDERAL PARTNERS--WEST PALM BEACH, LLC

**Current Principal Place of Business:**

1400 E. OAKLAND PARK BOULEVARD  
SUITE 210  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

4700 LINNEAN AVE. NW  
WASHINGTON, DC 20008

**Current Mailing Address:**

1400 E. OAKLAND PARK BLVD, SUITE 210  
OAKLAND PARK, FL 33334

**New Mailing Address:**

4700 LINNEAN AVE. NW  
WASHINGTON, DC 20008

**FEI Number:** 61-1531965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVIN, MARK  
1400 E. OAKLAND PARK BOULEVARD  
SUITE 210  
OAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

LITTON, THOMAS  
2860 WILDERNESS ROAD  
WEST PALM BEACH, FL 33409 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: THOMAS LITTON

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SFFP-LEVINCO, LLC  
Address: 4700 LINNEAN AVE. NW  
City-St-Zip: WASHINGTON, DC 20008

Title: MGRM  
Name: SFFP NICO - BROWARD, LLC  
Address: 100 N SR 7, SUITE 300  
City-St-Zip: MARGATE, FL 33063

I hereby 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: MARK M. LEVIN

MGRM

01/04/2011

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