

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067625

FILED
Apr 09, 2009
Secretary of State

Entity Name: F-5 SITE / SR-1 TRUST, LLC

Current Principal Place of Business:

19501 BISCAYNE BLVD.
SUITE 400
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19501 BISCAYNE BLVD.
SUITE 400
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 26-0449325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTGLASS, LORI
19501 BISCAYNE BLVD.
SUITE 400
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOFFER, JEFFREY
Address: 19950 WEST COUNTRY CLUB DRIVE, TENTH FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR () Delete
Name: SOFFER, JACQUELYN
Address: 19501 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOFFER, JACQUELYN
Address: 19501 BISCAYNE BOULEVARD, SUITE 499
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR (X) Change () Addition
Name: SOFFER, JEFFREY
Address: 19501 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: AVENTURA, FL 33180 US

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: JACQUELYN SOFFER

MGRM

04/09/2009

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