

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002374

**FILED**  
**Mar 18, 2008**  
**Secretary of State**

**Entity Name:** FAIRHOLME CAPITAL MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE, #3112  
MIAMI, FL 33131

**New Principal Place of Business:**

4400 BISCAYNE BLVD  
SUITE 900  
MIAMI, FL 33137 US

**Current Mailing Address:**

1001 BRICKELL BAY DRIVE, #3112  
MIAMI, FL 33131

**New Mailing Address:**

4400 BISCAYNE BLVD  
SUITE 900  
MIAMI, FL 33137 US

**FEI Number:** 22-3526594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLC CORPORATE SERVICES, INC.  
1001 BRICKELL BAY DRIVE, #3112  
MIAMI, FL 33131 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: AMANDA ROATH

03/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BERKOWITZ, BRUCE R  
Address: 1001 BRICKELL BAY DRIVE, #3112  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BERKOWITZ, BRUCE R  
Address: 4400 BISCAYNE BLVD SUITE 900  
City-St-Zip: MIAMI, FL 33137 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: BRUCE R. BERKOWITZ

MGR

03/18/2008

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