


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90079 036 ****50.00

DOCUMENT # L03000028876

1. Entity Name
 2 SOUTH FEDERAL HIGHWAY, LLC



Principal Place of Business Mailing Address

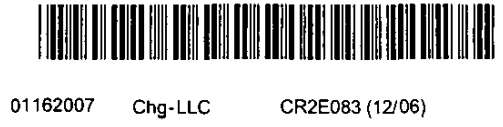
100 S. BISCAYNE BLVD, STE 1100 100 S. BISCAYNE BLVD, STE 1100
 MIAMI, FL 33131 MIAMI, FL 33131

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 Applied For / Not Applicable

11-3700979

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, KERRY B ESQ
 2875 N.E. 191ST ST., STE. 500
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOLLO, TIBOR	
STREET ADDRESS	100 S. BISCAYNE BLVD, STE 1100	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HOLLO, WAYNE	
STREET ADDRESS	100 S BISCAYNE	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HOLLO, JEROME	
STREET ADDRESS	100 S BISCAYNE	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Leonard Katz	
STREET ADDRESS	100 S Biscayne Blvd	
CITY - ST - ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 900	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____

034-6300