2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90016 040 ***138.75

DOCUMENT # L05000120265

1. Entity Name
SAN FRANCISCO PROPERTY, LLC

Principal Place of Business	Mailing Address
5901 SW 74TH STREET, SUITE 400 SOUTH MIAMI, FL 33143	5901 SW 74TH STREET, SUITE 400 SOUTH MIAMI, FL 33143

01312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9400 S Dadeland Blvd.	9400 S Dadeland Blvd.
Suite, Apt. #, etc.: Suite 601	Suite, Apt. #, etc.: Suite 601
City & State: Miami, FL	City & State: Miami, FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. FEI Number: 20-4047145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOLANS, JAMES A 5901 SW 74TH STREET, SUITE 400 SOUTH MIAMI, FL 33143	Name: ROBERT TARABOULOS Street Address (P.O. Box Number is Not Acceptable): 9400 South Dadeland Blvd., Suite 601 City: Miami FL Zip Code: 33156

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: Robert Taraboulos ROBERT TARABOULOS 4/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUEZ, DAVID 5901 SW 74TH ST., STE 400 S. MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Rodriguez, David 9400 South Dadeland,Blvd., Suite 601 Miami, FL 33156	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: 4-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #