

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90099 014 ****50.00

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1. Entity Name
 DANIA PLAZA REALTY CO., L.L.C.

Principal Place of Business *4996 W Atlantic BLVD* Mailing Address
~~4982 WEST ATLANTIC BLVD.~~ P.O. BOX 8552
 MARGATE, FL 33063 CORAL SPRINGS, FL 33075

64016401



01232004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1107626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PETER J SCHWEITZER & ASSOC.
~~4982 W ATLANTIC BLVD~~ *4996 W Atlantic BLVD*
 MARGATE, FL 33063

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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 *Peter J Schweitzer* *Peter J Schweitzer* *2/12/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHWEITZER REALTY GROUP, LTD.
STREET ADDRESS	P.O. BOX 8552
CITY - ST - ZIP	CORAL SPRINGS, FL 33075
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peter J Schweitzer* *Peter J Schweitzer* *2/12/04* *954-972-0322*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #