


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019341
 1. Entity Name
 OFFICE PROFESSIONAL PLAZA, LLC



Principal Place of Business Mailing Address
 1820 N. CORPORATE LAKE BLVD. 1820 N. CORPORATE LAKE BLVD.
 SUITE 202 SUITE 202
 WESTON, FL 33326 WESTON, FL 33326



02042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 55-0793779 Not Applicable

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

6. Name and Address of Current Registered Agent

LORENZO, JOSE ENRIQUE
 833 REGAL COVE RD.
 WESTON, FL 33327

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

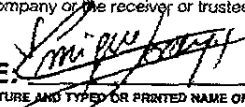
Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACECON CONSTRUCTION, CORP. 1820 N. CORPORATE LAKE BLVD. SUITE 202 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR L & L CONSULTANTS & INVESTMENT, CORP. 833 REGAL COVE RD. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/16/04-800003-016 50.00

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  **JOSE E. LORENZO** 06/04/04 954 2178616

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