

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032987

**FILED**  
**Apr 11, 2006**  
**Secretary of State**

**Entity Name:** 1501 LAUDERHILL PLAZA LLC

**Current Principal Place of Business:**

P.O. BOX 39  
BOCA RATON, FL 33429 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39  
BOCA RATON, FL 33429

**New Mailing Address:**

**FEI Number:** 30-0134894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JOHNSON, ALEXANDER P  
514 SE 11TH COURT  
FORT LAUDERDALE, FL 33316 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHOENFELDT, ALYSE  
Address: P.O. BOX 39  
City-St-Zip: BOCA RATON, FL 33429

Title: MGR ( ) Delete  
Name: SCHOENFELDT, JEFFREY  
Address: P.O. BOX 39  
City-St-Zip: BOCA RATON, FL 33429

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHOENFELDT, ALYSE  
Address: P.O. BOX 39  
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM (X) Change ( ) Addition  
Name: SCHOENFELDT, JEFFREY  
Address: P.O. BOX 39  
City-St-Zip: BOCA RATON, FL 33429

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY SCHOENFELDT

MGRM

04/11/2006

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