2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012717

Entity Name: MAJESTIC PLAZA SHOPPING CENTER, LLC

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1355 E 44TH PL, 100 OFFICE HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

1355 E 44TH PL, 100 OFFICE HIALEAH, FL 33012

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

SMITH, GARY V ESQUIRE 1230 NW 7 STREET MIAMI, FL 33125 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

Name: LEVY, SAMUEL Name:

 Address:
 1355 WEST 44 PLACE, SUITE 100
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LEVY, NINA
 Name:

 Address:
 1355 WEST 44 PLACE, SUITE 100
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: RUSSO, ALBERT Name: RUSSO, ALBERT

Address: 419 WEST 49 STREET, SUITE 106 Address: 1355 W 44TH PL # 100 OFFICE

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: RUSSO, CLIFTON Name: RUSSO, CLIFTON

Address: 419 WEST 49 STREET, SUITE 106 Address: 1355 WEST 44TH PL # 100 OFFICE

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Name: RUSSO, LAWRENCE Name: RUSSO, LAWRENCE

Address: 419 WEST 49 STREET, SUITE 106 Address: 1355 W 44TH PL # 100 OFFICE

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL LEVY MGRM 03/31/2009