

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012717

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** MAJESTIC PLAZA SHOPPING CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

SMITH, GARY V ESQUIRE  
1230 NW 7 STREET  
MIAMI, FL 33125    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  
Name: LEVY, SAMUEL  
Address: 1355 WEST 44 PLACE, SUITE 100  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM  
Name: LEVY, NINA  
Address: 1355 WEST 44 PLACE, SUITE 100  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM  
Name: RUSSO, ALBERT  
Address: 1355 W 44TH PL # 100 OFFICE  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM  
Name: RUSSO, CLIFTON  
Address: 1355 WEST 44TH PL # 100 OFFICE  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM  
Name: RUSSO, LAWRENCE  
Address: 1355 W 44TH PL # 100 OFFICE  
City-St-Zip: HIALEAH, FL 33012

I hereby 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: AMIRKINGDOM@BELLSOUTH.NET

MGR

04/14/2011

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