


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90056 013 \*\*\*\*50.00

**DOCUMENT # L04000023981**

1. Entity Name  
 602 PLAZA, LLC



Principal Place of Business  
 674 TOMOKA FARMS ROAD  
 DAYTONA BEACH, FL 32129

Mailing Address  
 674 TOMOKA FARMS ROAD  
 DAYTONA BEACH, FL 32129

30000385



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 17  
 Suite, Apt. #, etc.

02022005 Chg-LLC CR2E083 (10/03)

City & State  
 New Smyrna Beach, FL

4. FEI Number  
 90-0194001

Applied For  
 Not Applicable

Zip  
 32170

Country  
 USA

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

6. Name and Address of Current Registered Agent

DANIELS, DOUGLAS A  
 501 NORTH GRANDVIEW AVENUE  
 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, LOUIS J 674 TOMOKA FARMS ROAD DAYTONA BEACH, FL 32129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Louis J Weaver* **Managing Member** (386) 41-0625

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