


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045469
 1. Entity Name
 CEDEÑO PLAZA, LLC



Principal Place of Business PO BOX 151029 CAPE CORAL, FL 33915 US	Mailing Address PO BOX 151029 CAPE CORAL, FL 33915 US
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DO NOT WRITE IN THIS SPACE



08312007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 34-2047506	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CEDEÑO, RAUL
 PO BOX 151029
 CAPE CORAL, FL 33915

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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 September 14, 2007**

U00000773614
 09/07/07-80006-015 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEDEÑO, RAUL PO BOX 151029 CAPE CORAL, FL 33915
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul Cedeno 8-31-07 239.440.2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #