

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032416

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: POST OFFICE PLAZA LLC

**Current Principal Place of Business:**

2201 NORTHWEST 102ND PLACE, STE. 4  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2201 NORTHWEST 102ND PLACE, STE. 4  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 04-3726523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FL  
MIAMI, FL 33145 US

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

JOSHUA I MURRAY  
2201 NW 102 PLACE  
UNIT# 4  
MIAMI, FL 33172 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: JOSHUA I MURRAY

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MURRAY, JOSHUA I  
Address: 2201 NORTHWEST 102ND PLACE, STE. 4  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: MURRAY, TODD S  
Address: 2201 NORTHWEST 102ND PLACE, STE. 4  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSHUA I MURRAY

MGR

04/29/2004

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