2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2006 08:00 AM Secretary of State

ANNUAL REPORT	Apr 07, 2000 08:00 AN Secretary of State
DOCUMENT # L03000010651 1. Entity Name RIO PLAZA LLC	Secretary of State
Principal Place of Business Mailing Address 800 NORTH HIGHLAND AVENUE, SUITE 200 800 NORTH HIGHLAND ORLANDO, FL 32803 US ORLANDO, FL 32803	US
DO NOT WRITE IN THIS S	PACE 03152006 No Chg-LLC CR2E083 (11/05) Applied Far 26-1566891 Not Applied Not Applied Far Not Applied Far
- · ·· -·· · · · · · · · · · · · · · ·	5. Certificate of Status Desired 55.00 Additional Fee Regulard
6. Name and Address of Current Registered Agent	Pea Verfoiish
WILLIAMS, WARREN E 28 WEST CENTRAL BLVD., SUITE 401 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
the obligations of registered agent. SIGNATURE	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. The state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Florida.
Filing Fee is \$50.00 Due by May 1, 2006	7800000496812 84/22/86-88827-888 50. 88
INLE NAME SHEEL ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
NAME SITEET ADDRESS CHY-ST-7/P	

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or justice impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE HAME STREET ADDRESS

> 3-26-04 VED FURTH SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407-297-1600

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Daytima Phone #