


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90276 047 ****50.00

DOCUMENT # L05000052438					
1. Entity Name PLAZA LAKES, LLC					
Principal Place of Business 300 S. ORANGE AVE. SUITE 1000 ORLANDO, FL 32801			Mailing Address 300 S. ORANGE AVE. SUITE 1000 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2905899	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801-4904			Name CORPORATION COMPANY OF ORLANDO Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH ORANGE AVE., SUITE 1000 (J18) City ORLANDO		
FL			Zip Code 32801		
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 <i>Raul Ubani Bentez</i>			DATE 1st day of February, 2007		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONALLEDAS, JAIME 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITEZ, RAUL U 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDERO, JUAN 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918	<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				
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: <i>Raul Ubani Bentez</i>			Date 1st day of February, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		