FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90203 010 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000052438

60014841

1. Entity Name
PLAZA LAKES, LLC

Principal Place of Business	Mailing Address
300 S. ORANGE AVE. SUITE 1000 ORLANDO, FL 32801	300 S. ORANGE AVE. SUITE 1000 ORLANDO, FL 32801

02272008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
701 Peachtree Road	701 Peachtree Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32804 Country	Zip: 32804 Country

4. FEI Number: 20-2905899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CORPORATION COMPANY OF ORLANDO~~ ~~300 SOUTH ORANGE AVE.~~ ~~SUITE 1000 (HQ)~~ ~~ORLANDO, FL 32801-4904~~	Name: Unger, Stokes, Acree, Gilbert, Tressler, Et. Al. Street Address (P.O. Box Number is Not Acceptable): 701 Peachtree Road City: Orlando FL Zip Code: 32804

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: [signature] PARTNER JEFFREY P. BUAX 3/12/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENITEZ, RAUL U 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MEDERO, JUAN 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Raul Ubaldo Benitez 787-474-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #