


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90067 001 \*\*\*143.75

<b>DOCUMENT # L00000010726</b> 1. Entity Name <b>BRCH OAKS PLAZA, L.C.</b>					
Principal Place of Business <b>800 MEADOWS ROAD BOCA RATON, FL 33486</b>			Mailing Address <b>800 MEADOWS ROAD BOCA RATON, FL 33486</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>40 ANDRE SUSLA EGY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>800 MEADOWS ROAD</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>65-1042224</b>	
Zip <b>33486</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RISNER, PAUL E ESQ. 800 MEADOWS ROAD BOCA RATON, FL 33486</b>			7. Name and Address of New Registered Agent Name <b>ANDRE SUSLA EGY</b> Street Address (P.O. Box Number & Not Acceptable) <b>800 MEADOWS ROAD</b> City <b>Boca Raton</b> State <b>FL</b> Zip Code <b>33486</b>		
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-28-08</u>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRCH CORPORATION 800 MEADOWS ROAD BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>[Signature]</i></u> <b>RICHARD M. VANLIT</b> <u>1/31/08</u> (561) 955-4200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					