2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90418 010 ****50.00

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03312005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000011097

1. Entity Name
TRAIL PLAZA POINTE, LLC

Principal Place of Business	Mailing Address
% COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33343-2	% COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33343-2

2. Principal Place of Business	3. Mailing Address
9404 S. ORANGE BLOSSOM TR	MR. SOL HEIFETZ
Suite, Apt. #, etc.	Suite, Apt. #, etc. 19355 TURNBERRY WAY # 16GR
City & State ORLANDO, FL	City & State AVENTURA, FL
Zip 32821 / Country USA	Zip 33180 / Country U.S.A.

4. FEI Number 65-1043580 — 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
COMMUNITY PLANNING ASSOCIATES, INC. 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☑ Delete	TITLE	MR. SOL HEIFETZ ☐ Change ☑ Addition
NAME	TRAIL PLAZA POINTE, LLC	NAME	PRESIDENT
STREET ADDRESS	123 NW 13TH ST., SUITE 208	STREET ADDRESS	19355 TURNBERRY WAY # 16GR
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 3/31/05 305-776-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #