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Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90418 010 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011097

1. Entity Name
TRAIL PLAZA POINTE, LLC

20026141

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

03312005 Chg-LLC CR2E083 (10/03)

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

COMMUNITY PLANNING ASSOCIATES, INC.
123 NW 13TH ST., SUITE 208
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

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