

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

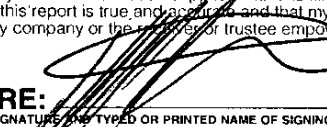
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Secretary of State

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 % COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33343-2			Mailing Address % COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33343-2		
2. Principal Place of Business 9404 S. ORANGE BLOSSOM TR		3. Mailing Address MR. SOL HEIFETZ 19355 TURNBERRY WAY # 16GR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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 _____ (NOTE: Registered Agent signature required when reissuing) 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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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 member 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 Dwelling Phone #		