FILED

03 MAY 20 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000229

1. Entity Name
26TH STREET PLAZA, LLC

000019846650
05/23/03--01051--009 **50.00

Principal Place of Business	Mailing Address
1675 CURRYVILLE ROAD CHULUOTA, FL 32766	8004 N.W. 154TH STREET, PMB 198 MIAMI LAKES, FL 33016

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1675 Curryville Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Chuluota, FL
Zip / Country	Zip: 32766 / Country: USA

4. FEI Number: 59-3693740 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD E. BASHA, P.A.
600 SOUTH ANDREWS AVE., SUITE 302
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: MARIE K. ROSE
Street Address (P.O. Box Number is Not Acceptable): 1675 Curryville Road
City: Chuluota FL Zip Code: 32766

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: Marie K. Rose 5-19-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ORTA, CALIXTO 1675 CURRYVILLE ROAD CHULUOTA, FL 32766	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Rose, Marie K. 1675 Curryville Road Chuluota, FL 32766	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KHAN, RAFEEK 1675 CURRYVILLE ROAD CHULUOTA, FL 32766	☒ 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
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CR2E083 (10/02)

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: Marie K. Rose 5-19-03 407-366-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #