

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90017 023 \*\*\*\*50.00

**DOCUMENT # L01000009667**

1. Entity Name  
**PARKHILL PLAZA, LLC**



Principal Place of Business <b>801 ARTHUR GODFREY ROAD, SUITE 600          MIAMI BEACH, FL 33140 US</b>	Mailing Address <b>801 ARTHUR GODFREY ROAD, SUITE 600          MIAMI BEACH, FL 33140 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>04-3623708</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



04152005 Chg-LLC CR2E083 (10/03)

**6. Name and Address of Current Registered Agent**

**PEARCE, PAM**  
**801 ARTHUR GODFREY ROAD, SUITE 600**  
**MIAMI BEACH, FL 33140**

**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BITTEL, STEPHEN H 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLASI, PATRICIA 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bittel, Stephen H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Arthur Godfrey Road, Ste. 600 Miami Beach, Florida 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Blasi, Patricia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Arthur Godfrey Road, Ste. 600 Miami Beach, Florida 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**Stephen H. Bittel, Mgr.**