

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010182

FILED  
Jul 27, 2007  
Secretary of State

Entity Name: POST PLAZA, L.L.C.

**Current Principal Place of Business:**

971 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

600 INLET DRIVE  
MARCO ISLAND, FL 34145 US

**Current Mailing Address:**

971 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

600 INLET DRIVE  
MARCO ISLAND, FL 34145 US

FEI Number: 43-1953800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARETTA, ROBIN  
971 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

MARETTA, ROBIN  
678 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 US

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.

SIGNATURE:

07/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KUBEL, KARL  
Address: 971 NORTH COLLIER BLVD  
City-St-Zip: MARCO ISLAND, FL 34145 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KUBEL, KARL  
Address: 600 INLET DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KARL KUBEL

MGRM

07/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date