

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 010 ****50.00

DOCUMENT # L02000009282

1. Entity Name

SANDTREE PLAZA, LLC



Principal Place of Business

**18345 SE VILLAGE CIRCLE DRIVE
TEQUESTA FL 33469**

Mailing Address

**8895 N. MILITARY TRAIL, SUITE E-201
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

600 Sandtree Drive

Suite, Apt. #, etc.

#109

City & State

Palm Beach Gardens, Florida

Zip

33403

Country

USA

3. Mailing Address

600 Sandtree Drive

Suite, Apt. #, etc.

#109

City & State

Palm Beach Gardens, Florida

Zip

33403

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

02-0610227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, DONNA
8895 N. MILITARY TRAIL, STE. E-201
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Donna McDonald

Street Address (P.O. Box Number is Not Acceptable)

c/o Capital Realty Advisors, Inc.

600 Sandtree Drive, Suite 109

City

Palm Beach Gardens

FL

Zip Code

33403

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

Donna McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ALPHA ONE, LLC**
STREET ADDRESS **18345 SE VILLAGE CIRCLE DRIVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Lawrence A. ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/04

DATE

Daytime Phone #