

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010220

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

FILED  
Jan 25, 2008  
Secretary of State

**Current Principal Place of Business:**

3975 ISLES VIEW DRIVE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3975 ISLES VIEW DRIVE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 30-0075462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOFASO, PETER F  
3975 ISLES VIEW DRIVE  
WELLINGTON, FL 33414 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOFASO, PETER F  
Address: 3975 ISLES VIEW DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: LOFASO, JOAN W  
Address: 10674 GREENBRIER VILLA DR.  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER F. LOFASO

MGRM

01/25/2008

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