## - 2006 LIMITED LIABILITY COMPANY

## Jul 24, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L02000031486 1. Entity Name PINELLAS PLAZA, L.L.C. j. (345) Principal Place of Business Mailing Address to be 230 WEST 54TH STREET 230 WEST 54TH STREET NEW YORK, NY 10019 NEW YORK, NY 10019 07062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4530268 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DFOUNI, GEORGE ESQ. DO NOT WRITE 5205 NE 2ND CT MIAMI, FL 33137 IN THIS SPACE or the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept 8. The above named entity submits this state the obligations of registered agent. GRONGE Dfour Signature, typed or printed name of registe it and Ittle if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. THILE MGR PODOLSKY, JAY NAME STREET ADDRESS 230 WEST 54TH STREET U00000571883 07/25/06~80007-001 50.00 CITY-ST-ZIP NEW YORK, NY 10019 TITLE NAME STREET ADDRESS CHY-SI-7P TITLE STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-7IP THEFE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP 11. I hereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Sturet Copol Sken

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

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7/17/06 212-247-9700

Daytime Phone #