


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032416**

1. Entity Name  
**POST OFFICE PLAZA LLC**



Principal Place of Business      Mailing Address

**2201 NORTHWEST 102ND PLACE, STE. 4  
 MIAMI, FL 33172**      **2201 NORTHWEST 102ND PLACE, STE. 4  
 MIAMI, FL 33172**



**DO NOT WRITE IN THIS SPACE**

04232005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**04-3726523**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOSHUA I MURRAY  
 2201 NW 102 PLACE  
 UNIT# 4  
 MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, JOSHUA I 2201 NORTHWEST 102ND PLACE, STE. 4 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, TODD S 2201 NORTHWEST 102ND PLACE, STE. 4 MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

**SIGNATURE:**  **Joshua Murray 04-26-05 (305)4714465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #