

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90009 030 \*\*\*\*55.00



**DOCUMENT # L03000006507**

1. Entity Name  
**CEDAR PLAZA, LLC**

Principal Place of Business-- <b>8439 EAGLS LOOP CIR WINDERMERE FL 34786</b>	Mailing Address <b>8439 EAGLS LOOP CIR WINDERMERE FL 34786</b>
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2. Principal Place of Business <b>11500-11570 S. ORANGE BLOSSOM TRAIL</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/04)

City & State <b>ORLANDO, FL</b>	City & State	4. FEI Number <b>51-0447469</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32837</b>	Country <b>ORANGE</b>	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**SHIN, THOMAS S  
8439 EAGLS LOOP CIR  
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Thomas Shin* **THOMAS S. SHIN, MANAGER**      DATE **4/1/2005**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b> <input type="checkbox"/> Delete	
NAME <b>SHIN, THOMAS S</b>	
STREET ADDRESS <b>4701 S.W. 186TH WAY</b>	
CITY-ST-ZIP <b>MIRAMAR FL 33029</b>	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SHIN, THOMAS S.</b>	
STREET ADDRESS <b>8439 EAGLES LOOP CIRCLE</b>	
CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>T SHIN, YONG S.</b>	
STREET ADDRESS <b>8439 EAGLES LOOP CIRCLE</b>	
CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas Shin* **THOMAS S. SHIN, MANAGER**      Date **4/1/2005**

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