2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

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DOCUMENT # L03000010521					04-29-2005 90064 030 ****50.00			
1. Entity Name								
NEW BEF	RLIN PLAZA LLC							
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Principal Place	e of Businese	Mailing Address			140023	gg		
158 CRANES		158 CRANES LAKE DRIVI	=	Į.	140050	UU		
	A BEACH, FL 32082 US	PONTE VEDRA BEACH, F						
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2. Principal P	lace of Business	3. Mailing Address						
800 Templeton Lane		1 800 Temple ton Lane		118811911	BIO MBITTO DIFIE DIFIE DEFIT DOL	I BETEF NEN BETE		HUI III INBI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03142005	Chg-LLC	CR2E083	3 (10/03)	
City & State		City & State		4. FEI Num				plied For
St. Au	gustine, FL	5+ Augustine	FL		64285		⊢ →	t Applicable
320°	Country	32095	Country	5. Certifica	te of Status Desired		5.00 Add	
3200	75 05		20			F6	e Required	<u> </u>
	6. Name and Address of Current F	Registered Agent	Name,		d Address of New R		ent	
HANANIA, NORMAN E JR.				Hangnia, Norman E Jr. Street Address (P.O. Box Number is Not Acceptable)				
158 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082			Street A	ddress (P.O. Bax Num <u> Temple to</u>	ber is Not Acceptable n Lane	1)		
PONTEVE	EDRA DEACH, FL 32002							
5			City S 4	Λ (FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its regis			51	·HUIUstine		<u></u>	320	<u> 295 </u>
					with the form the safety		191 141-	[
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or	registered agent, or t	oth, in the State of Flo	1 ,		and accept
the obligat		the purpose of changing its re	egistered office or	registered agent, or t	oth, in the State of Flo	orida. I am fai 4/25/6		and accept
the obligat	ions of registered agent. Arr Ha Signature, typed or printed name of registered agent a	<u></u> 2.	egistered office or	registered agent, or b	oth, in the State of Flo	1 ,		and accept
the obligat	ions of registered agent. 1 Air E Ha Signature, typed or printed name of registered agent a	<u></u> 2.	egistered office or	registered agent, or b		4/25/c	95	and accept
the obligat	ions of registered agent. Arr Ha Signature, typed or printed name of registered agent a	<u></u> 2.	egistered office or	registered agent, or b	Mak	4/25/0	75 yable to	
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signature	Signature, typed or printed name of registered agent a signature by May 1, 2005 MANAGING MEMBE	and title If applicable. (NOTE:	egistered office or Registered Agent signatu	registered agent, or burner required when reinstating) MGRM Hanania, No.	ADDITIONS/ ADDITIONS/ Toman E Jr. tan Lane	DATE e check pay a Department	yable to	•
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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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME

Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

4/25/05

904-234-1850

Date

Daytime Phone #

Change

☐ Addition