

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-29-2005 90064 030 \*\*\*\*50.00

14002369



03142005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000010521			
1. Entity Name NEW BERLIN PLAZA LLC			
Principal Place of Business 158 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082 US		Mailing Address 158 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082 US	
2. Principal Place of Business 800 Templeton Lane Suite, Apt. #, etc.		3. Mailing Address 800 Templeton Lane Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
4. FEI Number 05-0564285		Applied For Not Applicable	
Zip 32095		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HANANIA, NORMAN E JR. 158 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Hanania, Norman E Jr. Street Address (P.O. Box Number is Not Acceptable) 800 Templeton Lane City St. Augustine FL Zip Code 32095	
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 <i>Norman E. Hanania</i> DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME HANANIA, NORMAN E JR. STREET ADDRESS 158 CRANES LAKE DRIVE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Hanania, Norman E Jr. STREET ADDRESS 800 Templeton Lane CITY-ST-ZIP St. Augustine, FL 32095	TITLE MGRM <input type="checkbox"/> Delete NAME HANANIA, NORMAN E STREET ADDRESS 10550-819 BAYMEADOWS ROAD CITY-ST-ZIP JACKSONVILLE, FL 32256	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM <input type="checkbox"/> Delete NAME HANANIA, SAMIR N STREET ADDRESS 2158 HAWKCREST DRIVE EAST CITY-ST-ZIP JACKSONVILLE, FL 32259	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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: <i>Norman E. Hanania</i>		Date 4/25/05 Daytime Phone # 904-234-1856	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	