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Secretary of State
04-28-2004 90063 001 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000014494

1. Entity Name
PARK PLAZA, L.L.C.

J4UU0414

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
108 RIVERSIDE DRIVE ORMOND BEACH FL 32176	108 RIVERSIDE DRIVE ORMOND BEACH FL 32176

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 134248811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMIDAR, HUMAYUN 108 RIVERSIDE DRIVE ORMOND BEACH FL 32176	Name N/A 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 _____ DATE

FILE NOW!! FEE IS $60.00 (Make Checks Payable to Florida Department of State) Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MM NAME Mary Jamidar STREET ADDRESS 108 Riverside Dr N/A CITY-ST-ZIP Ormond 3 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE MM NAME Humayun Jamidar MM STREET ADDRESS 108 Riverside Dr CITY-ST-ZIP Ormond Bch FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE M NAME Mary Jamidar M Manager STREET ADDRESS 108 Riverside Dr CITY-ST-ZIP OB FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Humayun Jamidar 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #