2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # L03000030011 ND PLAZA, LLC		Secretary of State
•	e of Business Mailing Address 8TH TERRACE 8725 N.W. 18TH TERRACE SUITE 105 MIAMI, FL 33172		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			01072005 No Chg-LLC CR2E083 (10/03) 4. FEI Number
SMITH, ST 8725 N.W. 105 MIAMI, FL	TEPHEN H 18TH TERRACE		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. (speed or printed harms of registered agent and title (if applicable (NOTE, Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005 U0000300646 04/12/05-80030-011 50 00			
9.	MAÑAGIÑG MEMBERS/MANAGERS		THE CANADAMACTICAL TO A STATE OF THE STATE O
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CR PARTNERS IV, LLC 8725 N.W. 18TH TERRACE, #105 MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	' o		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			AND CORP. C. LL.
TITLE 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: 4/7/Q5 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone I			