## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034864

1. Entity Name NE-PLAZA, L.L.C.



FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

STE. 206, 4000 N. FEDERAL HWY. BOCA RATON, FL 33431

Mailing Address

1000 OMNI BLVD NEWPORT NEWS, VA 23606



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
56-2396020		Not Applicable
5. Certificate of Status Desired		Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACLAREN, LINDA O 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		
9,	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N FEDERAL HWY STE 206 BOCA RATON, FL 33431		
THLE NAME STREET ADDRESS CITY-ST-ZIP			U00000735692 05/10/07-80043-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

11. I hereby certify that the information supplied with this Hiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature hall 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 receive this report as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

NICK ECONOMOS

04/25/2007

(757) 591-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #