

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034891

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



Principal Place of Business
STE. 206, 4000 N. FEDERAL HWY.
BOCA RATON, FL 33431

Mailing Address
1000 OMNI BLVD.
NEWPORT NEWS, VA 23606



03252005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
56-2396026

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 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 _____

Signature, typed or printed name 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**

000000324736
04/22/05-80107-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ECONOMOS, NICHOLAS
4000 N FEDERAL HWY STE 206
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

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

Date

Daytime Phone #

NICK ECONOMOS 4/18/05 (757) 591-3519