

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038181

FILED  
Jul 07, 2004  
Secretary of State

Entity Name: CITY PLAZA PROPERTIES, LLC

**Current Principal Place of Business:**

2600 N. MILITARY TRAIL  
SUITE 125  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N. MILITARY TRAIL  
SUITE 125  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-0687438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAGDASARIAN, RICHARD C ESQ  
1800 CORPORATE BOULEVARD, N.W.  
SUITE 302  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MICHAEL OLSHER PROPE, RTIES, LLC  
Address: 2600 N. MILITARY TRAIL, SUITE 125  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: BAGDASARIAN, RICHARD C ESQ.  
Address: 1800 CORPORATE BOULEVARD, N.W., SUITE 302  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL OLSHER PROPERTIES, LLC

MGRM

07/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date