2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000043159

1. Entity Name

2189 PLAZA LLC.

Principal Place of Business	Mailing Address
2189 WEST 60TH STREET SUITE #205 HIALEAH FL 33016 US	2189 WEST 60TH STREET SUITE #205 HIALEAH FL 33016 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-0896171 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

FANO, JOSE E
2189 WEST 60TH STREET
SUITE #205
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR FANO, JOSE E 2189 WEST 60TH STREET SUITE #205 HIALEAH FL 33016	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR FANO, TANIA 2189 WEST 60 STREET #205 HIALEAH FL 33016	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	U00000610651 02/02/07-80031-007 55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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 exemptions contained in Section 119, 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: ______________________________ 1/22/07 (305) 556-4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #