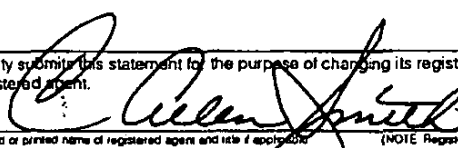
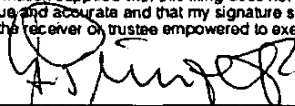


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90086 029 ****55.00

DOCUMENT # L04000018191					
1. Entity Name KISSIMMEE RETAIL PLAZA, LLC. ERNEST PUNZET (PLEASE INCL.)					
Principal Place of Business 360 N. CIVIC DR. 314 WALNUT CREEK CA 94596		Mailing Address E. PUNZET 360 N. CIVIC DR. 314 WALNUT CREEK CA 94596			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0084475	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BARRINGTON, JOHN E 182 HIGHBROOKE BLVD. OCOE FL 34761			7. Name and Address of New Registered Agent Name C ALLEN SMITH Street Address 1350 SOUTH JOHN YOUNG PARKWAY SUITE C City KISSIMMEE FL Zip Code 34741		
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 4/20/05 (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Makes Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUNZET, ERNIE 360 N. CIVIC DR. #314 WALNUT CREEK CA 94596	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: 			5/20-05 925-212-1398 Date Daytime Phone #		