

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90048 003 ****55.00

DOCUMENT # L04000018191

1. Entity Name

KISSIMMEE RETAIL PLAZA, LLC.



Principal Place of Business

360 N. CIVIC DR.
314
WALNUT CREEK CA 94596

Mailing Address

360 N. CIVIC DR.
314
WALNUT CREEK CA 94596

2. Principal Place of Business - No P.O. Box #

1350 S. JOHN YOUNG PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34741

Country

USA

Zip

34741

Country

USA

60010000



1st MOORE

CR2E083 (10/06)

4. FEI Number

26-0084475

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ALLEN C
1350 SOUTH JOHN YOUNG PARKWAY
SUITE C
KISSIMMEE FL 34741

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22-07

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: PUNZET, ERNIE
STREET ADDRESS: 360 N. CIVIC DR. #314
CITY- ST- ZIP: WALNUT CREEK CA 94596

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10. ADDITIONS/CHANGES

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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 recorder 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/22-07 925-212-1398