2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000036935

Entity Name
 VARNAVAS PLAZA, LLC.



FILED Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90209 009 ****50.00

Principal Place of Business

2110 DREW STREET CLEARWATER, FL 33765

Mailing Address

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

2110 DREW STREET CLEARWATER, FL 33765



01182006 No Chg-LLC

CR2E083 (11/05)

FEI Number
 20-1138351

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MAKRIS, PETER 2110 DREW STREET CLEARWATER, FL 33765

SIGNATURE:

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 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. (If	NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAKAIO, PETER HAYELS PETER 3440 DREWSTREET 2/10 BLOW STREE CLEARWATER, FL 33765		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST+ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 expowered to execute this regard as required by Chapter 608, Florida Statutes.			

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Date