
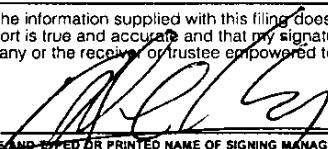


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90043 011 ****50.00

DOCUMENT # L04000055994 1. Entity Name HERITAGE SQUARE PLAZA, L.L.C.					
Principal Place of Business 1800 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33069			Mailing Address 244 MADISON AVENUE PMB 344 NEW YORK, NY 10016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1420170	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOTTLIEB, BRUCE M ESQ 125 NORTH 46 AVENUE HOLLYWOOD, FL 33021				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDENBERG, MATHIEU 244 MADISON AVE PMB 344 NEW YORK, NY 10016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			MANAGER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 3/13/06 Daytime Phone #: 212 213 8120		

ATTACHMENT

20030916
#L04000055994

Gottlieb & Gottlieb

ATTORNEYS AT LAW

A Professional Association

www.gottliebblaw.com

Bruce M. Gottlieb

125 NORTH 46TH AVENUE, HOLLYWOOD, FLORIDA 33021-6601

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Division of Corporations

Toll Free 800-330-7900

P. O. Box 6478

Fax 954-966-7905

Tallahassee, FL 32314

April 11, 2006

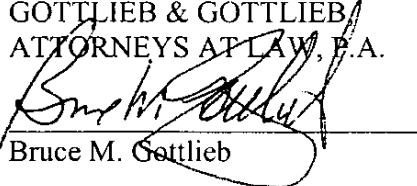
RE: Heritage Square Plaza, L.L.C. - 2006 Annual Report
OUR FILE NUMBER: 5032

Gentlemen:

Enclosed, for filing with the Florida Department of State, is the 2006 Annual Report for Heritage Square Plaza, L.L.C., together with the required filing fee of \$50.00.

Very truly yours,

GOTTLIEB & GOTTLIEB
ATTORNEYS AT LAW, P.A.


Bruce M. Gottlieb

BMG/aw
Enclosures