


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000059316</b> 1. Entity Name <b>COUNTYLINE PLAZA, LLC.</b>	
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Principal Place of Business <b>7300 CORPORATE CENTER DRIVE SUITE 303 MIAMI, FL 33126</b>	Mailing Address <b>7300 CORPORATE CENTER DRIVE SUITE 303 MIAMI, FL 33126</b>
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02152006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1477652</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VARGAS, JOSE J 7300 CORPORATE CENTER DRIVE SUITE 303 MIAMI, FL 33126</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000546487**  
**05/11/06-80120-002 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VARGAS, JOSE J 7300 CORPORATE CENTER DRIVE, SUITE 303 MIAMI, FL 33126</b>
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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:**  **Jose Vargas** **4-24-06 305.573.0013**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #