

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000070998**

1. Entity Name  
**PLAZA DRIVE INVESTOR GROUP NUMBER SEVEN, LLC**



Principal Place of Business  
**1603 SOUTH GEORGIA AVENUE  
TAMPA, FL 33629 US**

Mailing Address  
**1603 SOUTH GEORGIA AVENUE  
TAMPA, FL 33629 US**



04162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1693672**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BENEFICIAL ASSETS INTERNATIONAL, INC.  
1603 SOUTH GEORGIA AVENUE  
TAMPA, FL 33629**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENEFICIAL ASSETS INTERNATIONAL, INC. 1603 SOUTH GEORGIA AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CB TAYLOR INVESTOR GROUP, LLC 2713 BARNESLEY LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASRELD INVESTOR GROUP, LLC 2820 FORTUNE ROAD KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80007-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Beverly R. Taylor*

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

*Beverly R. Taylor* 04/16/07 81325 47344

Date

Daytime Phone #