

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001202

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: 163RD STREET PLAZA, L.L.C.

**Current Principal Place of Business:**

1111 KANE CONCOURSE  
SUITE # 517  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111 KANE CONCOURSE  
SUITE # 517  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

FEI Number: 20-2110829      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERELIS, ALLAN  
1111 KANE CONCOURSE  
SUITE 517  
BAY HARBOR ISLANDS, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BETESH, ISAAC  
Address: 19667 TURNBERRY WAY # 22-C  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: ISRAELI, MORDECHAI  
Address: 500 THREE ISLAND BLVD # 218  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ISRAELI, MORDECHAI  
Address: 1830 S OCEAN DRIVE. # 2908  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ISAAC BETESH

MGRM

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date