### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000027074

1. Entity Name
GARDEN PLAZA, LLC



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

37 NORTH ORANGE AVENUE

SUITE 760.

ORLANDO, FL 32801 US

Mailing Address

37 NORTH ORANGE AVENUE

SUITE 760

ORLANDO, FL 32801 US



DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 38-3724680

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIETRICH, D. PAUL II 37 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32801

## 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 Florid	<ul> <li>a. I am familiar with, and accept</li> </ul>
the obligations of registered agent.	

SIGNATURE

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

(NOTE, Registered Agent signature required when rainstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSSEY, JOHN 37 NORTH ORANGE AVENUE, SUITE 760 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARSONS, DALE 37 NORTH ORANGE AVENUE, SUITE 760 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLESEN, PREBEN 37 NORTH ORANGE AVENUE, SUITE 760 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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 empty ered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: >

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

X 4/24/08 407 843 111