## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90048 001 \*\*\*\*50.00

DOCUMENT # L050000374  1. Entity Name 62ND AVENUE PLAZA, LLC			04-24-2006 90048 001 ****50.00					
Principal Place of Business  1501 SUNSET DRIVE, 2ND FLOOR CORAL-GABLES, FL 33143  Mailing Address  1501 SUNSET DRIVE, 2ND FLO CORAL-GABLES, FL 33143					0058050	18118   1111   1881   8188   8111   8111   8		
2. Principal Place of Business  3. Mailing Address  73015w 5		5 <del>7</del> cr				<b>                                    </b>		
Suite. Apt. #, etc.	Suite, Apt. #, etc.  ———————————————————————————————————			01062006 4. FEI Numb	Chg-LLC	CR2E083 (11/05)	oplied For	
South Han - F1	South the	Country	Ħ	20-6	1698235	No.	ot Applicable	
2ip Country USA 6. Name and Address of Current R	33143 (	SA			of Status Desired  Address of New Re	Fee Require		
	registered Agent	Name		7. Italic div	, Addition of the the	giotorea rigent		
MATTAWAY, L. RICHARD 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143			Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES, FL 33143			Suite #440					
<b>基</b>		City	500	th L	Piami	FL 3000	43	
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 (Mote Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$50.00 Due by May 1, 2006						check payable to Department of Stat	e	
9. MANAGING MEMBER	RS/MANAGERS	10.			ADDITION\$/C			
MGRM Delete  NAME R-B PROFESSIONAL ARTS PLAZA, LLC  STREET ADDESS 5501 SUNSET DRIVE, 2ND FLOOR  OUT ST CORAL GABLES, FL 33143			730 Sa	ol suc	ST CT	Change   SU'He #   SOIA	□ Addition 440 3	
NAME STREET ADDRESS CITY ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-2IP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Change	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:
SIGNATURE AND TYPED OF PRIJITED NAME OF SIGNING MANAGIJ

L.R. Mattaway 4/17/26
No MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

305-662-1421

Daytime Phone #

Qate