## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## Apr 10, 2006 8:00 am Secretary of State **DOCUMENT # L05000040613** 04-10-2006 90047 034 \*\*\*\*55.00 1. Entity Name SOUTHTECH PLAZA, LLC Principal Place of Business Mailing Address 2603-B MAITLAND CENTER PARKWAY 2603-B MAITLAND CENTER PARKWAY MAITLAND, Ft. 32751 MAITLAND, FL 32751-2. Principal Place of Business 3. Mailing Address 2701 Maitland Center Pkwy 2701 Maitland Center Pkwy Suite, Apt. #, etc Suite, Apt. #, etc. 02232006 CR2E083 (11/05) Chg-LLC Suite 225 Suite 225 City & State City & State 4. FEI Number Applied For Maitland, FL Maitland, FL 20-2733510 Not Applicable Country Orange Zip Country \$5.00 Additional 5. Certificate of Status Desired 32751 32751 Orange 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMAN, REID 2003-B MAITLAND CENTER PARKWAY Street Address (P.O. Box Number is Not Acceptable) MAITLAND, FL 32751 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751 City Zip Code FI 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, 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR Delete TITLE Change Addition STEIN, CLIFFORD L NAME NAME 2701 Maitland Center Parkway, Suite 225 2603-B MAITLAND CENTER PARKWAY STREET ADDRESS STREET ADORESS Maitland, FL 32751 CITY-ST-ZIP -MAITLAND; FL 32751 CITY-ST-7IP MGR ☐ Delete TITLE TITLE ☑ Change Addition BERMAN, REID 2701 Maitland Center Parkway, Suite 225 NAME NAME Maitland, FL 32751 STREET ADDRESS 2603-B MAITLAND CENTER PARKWAY STREET ADDRESS CITY-ST-7IP MAITLAND, FL 32751 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 11. I hereby certify that the ndicatéd on this repo ccurate 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 ver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability compa

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY+ST-7IP

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESEN

**FILED**