

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-20-2006 90142 042 ****50.00

DOCUMENT # L05000042816 1. Entity Name VICTORIA'S CORPORATE PLAZA, LLC					
Principal Place of Business 1700 N.W. 64TH STREET, SUITE 400 FORT LAUDERDALE, FL 33309				Mailing Address 1700 N.W. 64TH STREET, SUITE 400 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business 6245 Powerline Rd Suite, Apt. #, etc. Suite 202		3. Mailing Address 6245 Powerline Rd Suite, Apt. #, etc. Suite 202		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">30002139</div> <div style="margin-top: 10px;"> 01242006 Chg-LLC CR2E083 (11/05) </div>	
City & State Ft Lauderdale FL		City & State Ft Lauderdale, FL			
Zip 33309		Zip 33309			
Country USA		Country USA			
4. FEI Number 65-1249786				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ELKIN, STEVEN C ESQ. FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 8TH COURT PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALDO D. Sorbo <input type="checkbox"/> Delete 6245 N Powerline Rd 202 Ft Lauderdale FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					



ATTACHMENT
30002139

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

VICTORIA'S CORPORATE PLAZA, LLC
6245 POWERLINE RD
SUITE 202
FORT LAUDERDALE, FL 33309

Subject: VICTORIA'S CORPORATE PLAZA, LLC

Reference Number:

L05000042816

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD

ANNUAL REPORTS SECTION