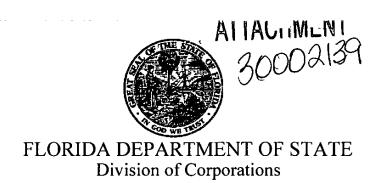
## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

## Mar 10, 2006 8:00 am Secretary of State ANNUAL REPORT 02-20-2006 90142 042 \*\*\*\*50.00 **DOCUMENT # L05000042816** VICTORIA'S CORPORATE PLAZA, LLC Principal Place of Business Mailing Address 1700 N.W. 64TH STREET, SUITE 400 1700 N.W. 64TH STREET, SUITE 400 30002139 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailino Address 6245 Powerline 6245 Par 01242006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For 65-1249776 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 1514 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELKIN, STEVEN C ESQ. Street Address (P.O. Box Number is Not Acceptable) FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (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 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ALDO DIJONIS TITLE TITLE ☐ Addition 6245 N poweline Rd NAME STREET ADORESS STREET ADDRESS CUA-21-316 CITY-ST-ZIP TITLE Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-S1-ZIP DITE ☐ Delete IME Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE Change | ☐ Addition NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delate ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE De ste TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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.

NATURE AND TYPED OR PRINTED NAME OF EIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



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 <u>has not been filed</u> 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