

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90203 010 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000052438			
1. Entity Name PLAZA LAKES, LLC			
Principal Place of Business 300 S. ORANGE AVE. SUITE 1000 ORLANDO, FL 32801		Mailing Address 300 S. ORANGE AVE. SUITE 1000 ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 701 Peachtree Road		3. Mailing Address 701 Peachtree Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32804		Zip 32804	
Country		Country	
4. FEI Number 20-2905899		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02272008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE. SUITE 1000 ORLANDO, FL 32801-4904		7. Name and Address of New Registered Agent UNGER, Stokes, Acree, Gilbert, Tressler, Et. AL. 701 Peachtree Road Orlando FL 32804	
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 <u>Jeffrey P. Buax</u>		DATE <u>3/12/08</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FONALLEDAS, JAIME 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENITEZ, RAUL U 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEDERO, JUAN 350 CHARDON AVENUE, TORRE CHARDON, #900 SAN JUAN, PR 00918 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: <u>Raul Urbani Benitez</u>		787-474-7474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	