

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90043 009 \*\*\*\*50.00

**DOCUMENT # L05000057038**

1. Entity Name  
PLAZA CENTER, L.L.C.



Principal Place of Business  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021

Mailing Address  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M ESQ.  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOLDENBERG, MATHIEU  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]* MANAGER

3/17/06

Date

212 213 8120

Daytime Phone #

ATTACHMENT

20030918  
# L05000057038

# Gottlieb & Gottlieb

ATTORNEYS AT LAW

A Professional Association

www.gottlielaw.com

Bruce M. Gottlieb

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Kenneth A. Gottlieb

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Toll Free 800-330-7900

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Division of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

April 11, 2006

RE: 2006 Annual Report – Plaza Center, L.L.C.

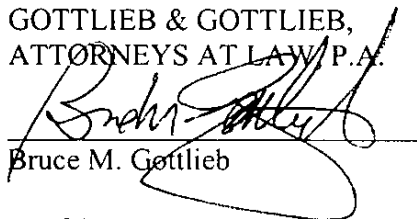
OUR FILE NUMBER: 5218

Gentlemen:

Enclosed, for filing with the Florida Department of State, is the 2006 Annual Report for Plaza Center, L.L.C., together with the appropriate filing fee of \$50.00. Please file as required.

Very truly yours,

GOTTLIEB & GOTTLIEB,  
ATTORNEYS AT LAW/P.A.



Bruce M. Gottlieb

BMG/aw  
Enclosures