


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000057038 1. Entity Name PLAZA CENTER, L.L.C.	
---	---

Principal Place of Business 1930-1974 NE 163 ST NORTH MIAMI BCH, FL 33162	Mailing Address 244 MADISON AVENUE PMB 344 NEW YORK, NY 10016
---	---

DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 71-0984570	Applied For <input 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 GOTTLIEB, BRUCE M ESQ. 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000881494 04/16/08-800003-004 138.75
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDENBERG, MATHIEU 244 MADISON AVENUE, PMB 344 NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SASSON, ROBERT 244 MADISON AVENUE, PMB 344 NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	3-31-08	212-213-8120
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>