


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90054 004 \*\*\*\*50.00

<b>DOCUMENT # L05000073122</b>	
1. Entity Name <b>LAKESHORE PLAZA INVESTORS, LLC</b>	

Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE, SUITE PH2A MIAMI, FL 33133</b>	Mailing Address <b>1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>2665 S Bayshore Dr.</i> Suite, Apt. #, etc. <i>PH-2A</i> City & State <i>Miami FL</i> Zip <i>33133</i>	Country <i>USA</i>
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04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number <i>20-3201319</i>	Applied For <input type="checkbox"/> Not Applicable
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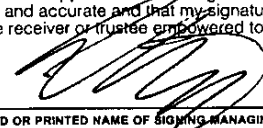
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE, SUITE PH2A MIAMI, FL 33133</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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>	DATE <i>4/19/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE, SUITE PH2A MIAMI, FL 33133 <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 608, Florida Statutes.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <i>4/19/06</i> Daytime Phone # <i>305-854-5200</i>