


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90123 001 ***550.00

DOCUMENT # L05000080814			
1. Entity Name SAWGRASS BUSINESS PLAZA, LLC			
Principal Place of Business 7270 NW 12 STREET SUITE 100 MIAMI, FL 33126		Mailing Address 7270 NW 12 STREET SUITE 100 MIAMI, FL 33126	
2. Principal Place of Business 13794 N.W. 4 St. Suite, Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA		3. Mailing Address 13794 N.W. 4 St. Suite, Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA	
4. FEI Number 20-3316447		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 7270 NW 12 STREET SUITE 100 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable) 13794 N.W. 4 St., Ste. 200 City: Sunrise, FL Zip: 33325	
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 _____ (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 MONTERO, MICHAEL T 7270 NW 12 STREET, SUITE 100 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Montero, Michael T. 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, JOSEPH H 7270 NW 12 STREET, SUITE 100 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Perez, Joseph H. 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325 <input checked="" 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: <u>Joseph H. Perez, Manager</u>		Date: <u>4/26/06</u>	Daytime Phone #: <u>954-837-0456</u>