

FILED
Jul 21, 2006 8:00 am
Secretary of State

04-20-2006 90153 001 ****25.30
04-20-2006 90153 002 ****29.70

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000087529					
1. Entity Name EMERALD HILLS EXECUTIVE PLAZA, LLC					
Principal Place of Business 1500 WEST CYPRESS ROAD, SUITE 409 FORT LAUDERDALE, FL 33309			Mailing Address 1500 WEST CYPRESS ROAD, SUITE 409 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3418475	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRENNER, SCOTT F 1500 WEST CYPRESS ROAD, SUITE 409 FORT LAUDERDALE, FL 33309			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2008					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES	
	Managing Member	1500 W Cypress Creek Rd #409	Fort Lauderdale, FL 33309	Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				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>02</u> 4/11/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

Emerald Hills Executive

Plaza, LLC Building II
c/o Brenner Real Estate Group
1500 W. Cypress Creek Rd #409
Ft. Lauderdale, FL 33309

Wachovia Bank, N.A.
Ft. Lauderdale, Florida 33301

067006432

1310

**** TWENTY NINE AND 70/100 DOLLARS

TO THE
ORDER OF

Florida Department of State
Registration Section
P O Box 6327
Tallahassee, FL 32314

NON-NEGOTIABLE

\$29.70*****

04/12/06

4/25

COPY OF CHECKS SENT
& DEPOSITED

ATTACHMENT

30012145

#L05000087529

Emerald Hills Executive

Plaza, LLC Building I
c/o Brenner Real Estate Group
1500 W. Cypress Creek Rd #409
Ft. Lauderdale, FL 33309

Wachovia Bank, N.A.
Ft. Lauderdale, Florida 33301

067006432

1236

**** TWENTY FIVE AND 30/100 DOLLARS

TO THE
ORDER OF

Florida Department of State
Registration Section
P O Box 6327
Tallahassee, FL 32314

NON-NEGOTIABLE

\$25.30*****

04/12/06

4/25