2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # L05000098205 1. Entity Name 03-08-2006 90040 013 *****5.00 03-27-2006 90043 041 ****45.00 EDISON PARK PLAZA CENTER, LLC Principal Place of Business Mailing Address 139 NE 1ST STREET, PH 1 MIAMI FL-33032 139 NE 1ST STREET, PH 1 MIAMI FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 6-0801923 Not Applicable Zip 33132 ^{Zip}33132 Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUAREZ, JESUS V 139 NE 1ST STREET, PH 1 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33032 City 2000 3 2 2 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MANAGING MEMBER titit 1177 F ☐ Change Addition NAME JESUS V. SUAREZ HAME STREET ADORESS STREET ADDRESS 139 NE 1 ST +PH-1 MI +MI F2 33132 CTTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-29P TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ozlete IIDE Channe ☐ Addition TITLE NAME NAME STREET-ALORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Devtime Phone

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2006

EDISON PARK PLAZA CENTER, LLC 139 NE 1ST STREET, PH 1 MIAMI, FL 33132

Subject: EDISON PARK PLAZA CENTER, LLC

Reference Number:

L05000098205

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$5.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$45.00

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.



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ANNUAL REPORTS SECTION