

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108538

Entity Name: PLAZA 903 LLC

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

277 NE 18 STREET
903
MIAMI, FL 33132

New Principal Place of Business:

1010 NW 11 STREET
507
MIAMI, FL 33136

Current Mailing Address:

2555 NE 11 STREET
507
FORT LAUDERDALE, FL 33304

New Mailing Address:

1010 NW 11 STREET
507
MIAMI, FL 33136

FEI Number: 54-2186613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ILIEV, NIKIFOR P
2555 NE 11 STREET
507
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

ILIEV, NIKIFOR P
1010 NW 11 STREET
507
MIAMI, FL 33136 US

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.

SIGNATURE: NIKIFOR ILIEV

03/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ILIEV, NIKIFOR P
Address: 2555 NE 11 STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: GUERASSIMOV, GUERASSIM G
Address: 1835 E. HALLANDALE BEACH BLVD #463
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ILIEV, NIKIFOR P
Address: 1010 NW 11 STREET
City-St-Zip: MIAMI, FL 33136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NIKIFOR ILIEV

MGRM

03/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date