## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000113038

1. Entity Name LA PLACITA, LLC



Principal Place of Business

2999 N.E. 191ST STREET CONCORDE CENTRE II, PH-8 AVENTURA, FL 33180

Mailing Address

2999 N.E. 191ST STREET CONCORDE CENTRE II, PH-8 AVENTURA, FL 33180

SECRETARY OF STATE DIVISION OF CORPORATIONS U7 FEB -6 AM 10: 00



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3418249

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRISALES-RACINI, OSCAR ESQ. 2999 N.E. 191ST STREET CONCORDE CENTRE II. PH-8 AVENTURA, FL 33180

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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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent algoriture required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007



9.	MANAGING MEMBERS/MANAGERS
MILE	MGR
NAME	PERCHIK, ELIAS
STREET ADDRESS	2999 N.E. 191ST STREET
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-S1-ZIP	
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CHY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07

Daytime Phone #