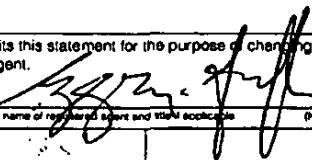
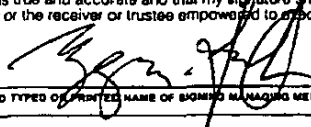


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-27-2006 90018 030 ****50.00

DOCUMENT # L05000121456 1. Entity Name PLAZA FINANCIAL PARTNERS LLC					
Principal Place of Business 2200 N FEDERAL HWY STE 203 BOCA RATON, FL 33431 US			Mailing Address 2200 N FEDERAL HWY STE 203 BOCA RATON, FL 33431 US		
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 87-0758250	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431			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 registering) 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	MGRM MUTTILLO, DOMINIC A 2200 N FEDERAL HWY STE 203 BOCA RATON, FL 33431	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SULLIVAN, GREGORY M 2200 N FEDERAL HWY STE 203 BOCA RATON, FL 33431	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Delete			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

30008066



04182006 Chg-LLC CR2E083 (11/05)