

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121850

Entity Name: PLAZA PARTNERS, LLC

FILED  
Sep 05, 2006  
Secretary of State

**Current Principal Place of Business:**

52 RILEY ROAD  
SUITE 367  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

52 RILEY ROAD  
SUITE 367  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 04-3845205      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RUNNELLS, KENT  
101 MAIN STREET  
SUITE A  
SAFETY HARBOR, FL 34695 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KIRKLAND, RALPH W  
Address: 52 RILEY ROAD STE. 367  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete  
Name: FRANKLIN, KENNETH W JR  
Address: 5841 AUDUBON MANOR BLVD  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES:**

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

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: RALPH W KIRKLAND

MGRM

09/05/2006

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