
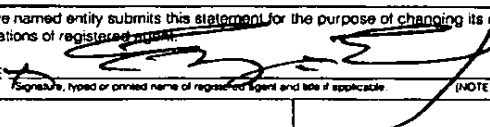
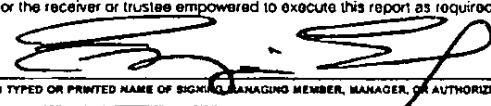


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-02-2006 90048 003 ****50.00

| | | | | | | | |
|--|-------------------|---|--|--|---|--|--|
| DOCUMENT # L05000122385 | | | |  | | | |
| 1. Entity Name INTERTEK DIXIE PLAZA LLC | | | | | | | |
| Principal Place of Business 401 SE 11TH AVE HIALEAH, FL 33010 | | Mailing Address 401 SE 11TH AVE HIALEAH, FL 33010 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 07252006 Chg-LLC CR2E083 (11/05) FEL Number: 20-4003824 Applied For: <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ESKANDRY, EZRA D 401 SE 11TH AVE HIALEAH, FL 33010 | | | 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:  | | | DATE: 7/26/06 | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | Make check payable to Florida Department of State | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ESKANDRY, EZRA D | | NAME | | | | |
| STREET ADDRESS | 401 SE 11TH AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | HIALEAH, FL 33010 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 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 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:  | | | DATE: 7/27/06 305-883-8700 | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | DATE DAYTIME PHONE # | | | | |

JUU16104

