

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90028 001 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000081551					
1. Entity Name PLAZA MAR SHOPPING CENTER, LLC					
Principal Place of Business 5353 LAKE WORTH ROAD WELLINGTON, FL 33467			Mailing Address 13412 57TH PLACE SOUTH WELLINGTON, FL 33467		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 331047220	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STROMBERG & TARONE, PLC 180 ROYAL PALM WAY SUITE 201 PALM BEACH, FL 33480				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 3/21/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM			TITLE	
NAME	HOET, FRANKLIN T SR.	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	13412 57TH PLACE SOUTH			STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33467			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	
NAME	HOET, FRANKLIN D JR.			NAME	
STREET ADDRESS	13412 57TH PLACE SOUTH			STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33467			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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 3/21/07 861-5435711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	