

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084810

Entity Name: PLAZA LORENZO LLC

FILED  
Jan 23, 2007  
Secretary of State

**Current Principal Place of Business:**

5831 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 US

**New Principal Place of Business:**

**Current Mailing Address:**

6004 HOODROD CIRCLE DR  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PICHARDO, GUILLERMO  
6004 HOODROD CIRCLE DR  
ORLANDO, FL 32819 US

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

PICHARDO, SR, GUILLERMO  
6004 HOODROD CIRCLE DR  
ORLANDO, FL 32819 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: GUILLERMO OPICHARDO, SR

01/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: PICHARDO, GUILLERMO  
Address: 6004 HOODROD CIRCLE DR  
City-St-Zip: ORLANDO, FL 32819 US

Title: VP ( ) Delete  
Name: GRISALES, GLORIA  
Address: 6004 HOODROD CIRCLE DR  
City-St-Zip: ORLANDO, FL 32819 US

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: PICHARDO, SR, GUILLERMO  
Address: 6004 HOODROD CIRCLE DR  
City-St-Zip: ORLANDO, FL 32819 US

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: GUILLERMO PICHARDO, SR

PRES

01/23/2007

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