


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90057 035 ****55.00

DOCUMENT # L06000089135		
1. Entity Name GOLF VIEW PLAZA, LLC.		

Principal Place of Business 3200 N.E SILVER SPRINGS BLVD OCALA, FL 34470	Mailing Address 19495 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180
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60044040

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 401 E Las Olas Blvd 1180	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft Lauderdale FL	
Zip	Country	Zip 33301	Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOURI, DAVID 19495 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180	
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7. Name and Address of New Registered Agent Name: FRANK L DIAZ P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6th FL City: MIAMI FL Zip Code: 33145	
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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: Frank Diaz	(NOTE: Registered Agent signature required when reinstating)	DATE:
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOURI, DAVID 19495 BISCAYNE BLVD # 501 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Houri David 401 E Las Olas Blvd #1180 Ft Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:	Daytime Phone #:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		