

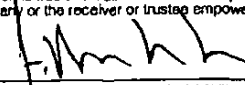
FILED  
May 31, 2007 8:00 am  
Secretary of State

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05-07-2007 90374 024 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

30009273

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| <b>DOCUMENT # L06000119276</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                 |                                                                              |
| 1. Entity Name<br>AMERICANA PLAZA ASSOCIATES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                  |                                                                              |
| Principal Place of Business<br>639 E. OCEAN AVENUE<br>SUITE 406<br>BOYNTON BEACH, FL 33435                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Mailing Address<br>639 E. OCEAN AVENUE<br>SUITE 406<br>BOYNTON BEACH, FL 33435                                                   |                                                                              |
| 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                                                                      |
| 04242007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Chg-LLC CR2E083 (12/06)                                                                                                          |                                                                              |
| 4. FEI Number<br>20-8095696                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Applied For<br>Not Applicable                                                                                                    |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | \$5.00 Additional Fee Required                                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br>BERT R. OLIVER, P.A.<br>2060 N.W. BOCA RATON BLVD.<br>SUITE 6<br>BOCA RATON, FL 33431                                                                                                                                                                                                                                                                                                                                                                 |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                  |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Make check payable to<br>Florida Department of State                                                                             |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10. ADDITIONS/CHANGES                                                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | F. Davis Camalier, Pres.<br>Washington Properties Americana, Inc. 04/24/07                                                       |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Date                                                                                                                             |                                                                              |