

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119296

Entity Name: SAN ANTONIO PLAZA LLC

FILED  
Apr 15, 2007  
Secretary of State

**Current Principal Place of Business:**

12512 ROYAL DUBLIN AVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

12512 ROYAL DUBLIN AVE  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHABO, HANNIBAL  
12512 ROYAL DUBLIN AVE  
ODESSA, FL 33556 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHABO, HANNIBAL  
Address: 12512 ROYAL DUBLIN AVE  
City-St-Zip: ODESSA, FL 33556

Title: MGR ( ) Delete  
Name: AFRAM, ROBERT  
Address: 3921 BADEN DR  
City-St-Zip: HOLIDAY, FL 34691

Title: MGR ( ) Delete  
Name: IBRAHIM, JOHN  
Address: 551 BRIDLE PATH WAY  
City-St-Zip: TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HANNIBAL SHABO

MGR

04/15/2007

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