2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

DOCUMENT # L06000122609 1. Entity Name LANTANA PLAZA LLC					4-29-2008 9002 •	24 041 ***138.75		
Principal Place of Business Mailing Address								
2700 ALHAMBRA CIRCLE Coral Gables, Fl. 33134		2700 ALHAMBRA CIRCLE Coral Gables, FL 33134						
	25,12 55151		. •	 	i perie dire della peri sala:	ı ildin iyarê kara eliri bakê la	TSRI (ALCERI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			 19			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	er 42-1723263		oplied For of Applicable	
Zip	Country	Zip	Country		of Status Desired	\$5.00 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re			
TUOMAG	DRADEODD A		Name					
THOMAS, BRADFORD A 901 PONCE DE LEON BLVD., FLOOR 10 CORAL GABLES, FL 33134			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e 	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	egistered office or reg	gistered agent, or bo	th, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
		3				check payable to Department of Stat	0	
			10.			Department of Stat	•	
9.	MANAGING MEMBE		TITLE		Florida	Department of Stat	◆ Addition	
After May	7 1, 2008 Fee will be \$538.75	RS/MANAGERS			Florida	Department of Stat	· · ·	
9. TITLE NAME	MANAGING MEMBE MGR HOOVER, JOHN W JR.	RS/MANAGERS	TITLE NAME		Florida	Department of Stat	· · ·	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR HOOVER, JOHN W JR. 2423 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 MGR	RS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of Stat	· · ·	
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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.

Elizabeth J. Hoover Authorized Representative 4/24/08

305-642-6220 ext 151

SIGNATURE: Elizabeth O Hoover Authorized Representate SIGNATURE AND THEO OF PRINTEDMANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #