


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90042 039 ***138.75

DOCUMENT # L07000007946

1. Entity Name
MANDARIN VILLAGE PLAZA, LLC



Principal Place of Business Mailing Address
 11405 SAN JOSE BLVD. 11405 SAN JOSE BLVD.
 JACKSONVILLE FL 32223 JACKSONVILLE FL 32223



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

4. FEI Number
20-8279349

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

SIMPLIFIED BOOKEEPING AND TAX SERVICE, INC
5917 BEACH BLVD.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SALLOUM, MAZEN	
STREET ADDRESS	3959 SPRING GLEN RD.	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SALOU, SALIM	
STREET ADDRESS	3959 SPRING GLEN RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZAHER, SALLOUM	
STREET ADDRESS	4562 OAK BROOK CT. 1124 Ashmore Dr	
CITY - ST - ZIP	JACKSONVILLE FL 32277 OAK, FL 32259	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SALOU, SAMER G	
STREET ADDRESS	4561 OAK BAY DR. 10411 Scott Mill Rd	
CITY - ST - ZIP	JACKSONVILLE FL 32277 OAK, FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Zaher Saloum* **ZAHER SALOUM 2-13-8** **880388G**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Certificate Prefix #