2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
02-22-2008 90040 026 ***138.75

DOCUMENT # L07000030521

1. Entity Name
2040 OPA LOCKA PLAZA, LLC

Principal Place of Business	Mailing Address
16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160	16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16850-112 Collins Ave.	16850-112 Collins Ave
Suite, Apt. #, etc.: #285	Suite, Apt. #, etc.: #285
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-892 7297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, RICHARD C ESQ. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when eliminating)

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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BEHAR FAMILY LIMITED PARTNERSHIP 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16850-112 Collins Ave. #285 Miami Beach, FL 33160	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEHAR, MOISES 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16850-112 Collins Ave #285 Miami Beach, FL 33160	☐ Change ☐ 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: Moises Behar MOISES Behar 4/6/08 305-632-6394
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM/MGR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #