

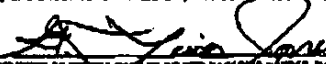
RX Date/Time 05/20/2008 13:31 1 407 277 6928  
05/03/1999 23:14 1-407-277-6928 GOLDEN ACRE  
May 20 08 12:14p Tammy Malone

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90493 001 \*\*\*277.50

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/21/20

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                                      |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>DOCUMENT # L07000077048</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                     |                                                                         |
| 1. Entity Name<br><b>PARK PLAZA ONE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                                      |                                                                         |
| Principal Place of Business<br><b>1004 HOLLY BERRY COURT<br/>BRANDON, FL 33511</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Mailing Address<br><b>1004 HOLLY BERRY COURT<br/>BRANDON, FL 33511</b>                                                               |                                                                         |
| 2. Principal Place of Business - No P.O. Box #<br><b>4605 Reynosa Dr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | 3. Mailing Address<br><b>4605 Reynosa Dr.</b>                                                                                        |                                                                         |
| Date: Apr. 9, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | State: Apr. 9, 2008                                                                                                                  |                                                                         |
| City & State<br><b>Winter Haven, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | City & State<br><b>Winter Haven, FL</b>                                                                                              |                                                                         |
| Zip<br><b>33880</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | Country<br><b>USA</b>                                                                                                                |                                                                         |
| 4. FID Number<br><b>26-0599845</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                    |                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Assistance Fee Required                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                                      |                                                                         |
| 6. Name and Address of Current Registered Agent<br><b>GARRETT, C. TERESA<br/>1850 LEE ROAD, SUITE 330<br/>WINTER PARK, FL 32789</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Allowed)<br>City<br><b>FL</b> 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                                                      |                                                                         |
| FEE: \$138.75<br>After May 1, 2008 Fee will be \$338.75                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | Make check payable to:<br>Florida Department of State                                                                                |                                                                         |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | 10. ADDITIONS/CHANGES                                                                                                                |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MGRM<br>JONES, G. LEWIS<br>1004 HOLLY BERRY COURT<br>BRANDON, FL 33511 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    | MGRM<br>Jones, G. Lewis<br>4605 Reynosa Drive<br>Winter Haven, FL 33880 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    |                                                                         |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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:                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | 3/25/08                                                                                                                              |                                                                         |

Garrett Law Firm, P.A. ATTACHMENT  
Attorneys at Law  
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Winter Park, Florida 32789  
30007529

(407) 647-5880 Telephone

(407) 647-8244 Fax

May 21, 2008

Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

RE: Park Plaza One, LLC  
Park Plaza Two, LLC

To whom it may concern:

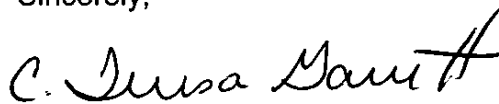
Enclosed, please find the following documents:

- 2008 Limited Liability Company Annual Report for Park Plaza One, LLC
- 2008 Limited Liability Company Annual Report for Park Plaza Two, LLC

According to the correspondence received from the Division of Corporation the 2008 Annual Reports for the two referenced entities did not have the FEI numbers on them. My clients have requested that I forward to you the FEI numbers for the entities. The FEI numbers are listed on the reports.

If you have any questions or require anything further, please do not hesitate to contact me.

Sincerely,



C. Teresa Garrett, Esq.

Cc: Wendy Jones  
Enclosures