

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000000883

1. Entity Name  
SOUTHWIND PLAZA, L.L.C.



Principal Place of Business  
SUITE 1010 FLAGLER CENTER  
505 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

Mailing Address  
SUITE 1010 FLAGLER CENTER  
505 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0845264

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

JOHNSON, SCOTT A  
SUITE 1010 FLAGLER CENTER  
505 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KOENIG, PATRICK C  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHNSON, SCOTT A  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHNSON, RICHARD S JR.  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHNSON, RICHARD S  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Scott A. Johnson 4/22/05

Date

561-655-7200

Daytime Phone #