

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**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



03152007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0845264	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE	MGR
NAME	JOHNSON, RICHARD S
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	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**

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05/02/07-80091-001 50.00

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:**

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

Date

Daytime Phone #