


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

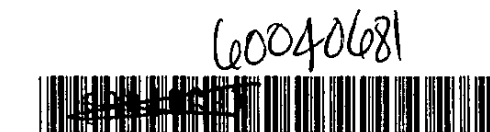
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DOCUMENT # L98000001533	
1. Entity Name INTERNATIONAL PARK PLAZA, L.C.	

Principal Place of Business 9450 SUNSET DRIVE SUITE 101 MIAMI, FL 33173	Mailing Address 9450 SUNSET DRIVE SUITE 101 MIAMI, FL 33173
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2. Principal Place of Business - No P.O. Box # 3400 SW. 128 AVE.	3. Mailing Address 3400 SW. 128 AVE.
Suite, Apt. #, etc. MIAMI FLORIDA	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33125	Zip 33125
Country USA	Country U.S.A.



01072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0862155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MONSERRAT, LEONARDO 3400 S.W. 128TH AVENUE MIAMI, FL 33175	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Leonardo Monserrat* DATE 4/22/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK PLAZA DEVELOPMENT, INC. 3400 S.W. 128TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leonardo Monserrat* **LEONARDO MONSERRAT** DATE 4/22/07 DAYTIME PHONE # 305-223-6190

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