LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					99	FILED 99 MMR 19 PH 1: 30			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002646 PLAZA DE LAS FUENTES L.C. 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020					1a. Principal Pi	SECULARIAS AND ANTI- TALL MIAS AND ORIDA 1a. Principal Place of Business Address 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020			
2 Principal Place of Business 2a. Mail			ing Address		3. Date Organia	red or Qualified	3a. State of Formation		
Suite, Apt. #, etc.			ot. #, etc.			1/10/1998 FL			
City & State			City & State		4. FEI Number 65-08	65-0875245		Applied For	
Z ıp	Country	Zip		Country	5. Date of Last	1 -	6. Certificate of \$8.75 Additional F		
7. Name and Address of Current Registered			l Agent	Name	8. Name and Addres	s of New Registe	red Agent/Offic	e	
9. Pursuant its registered	TRA FL 33180 to the provisions of Sections 608 mice or registered agent, or both, agent, and accept the obligation	416 and 608 508 in the State of Fic	3, Florida Stalute orida Such chang	30.7 Suite, Apr. #.	LLYWYCY) nited liability company s firmalive vote of a major	D FL submits this statem	Zip Code 330 ent for the purpor	OZ-() ose of changing the appointmen	
10. Title Managing Members/Managers			ļ	Business Street Addr	ess	City, State and Zip Code			
MGR I	BIRDMAN, DIANE		307 SOUTH 21ST AVE 307 SOUTH 21ST AVE		AVENUE	NUE HOLLYWOOD		FL 33020	
NGR E			307 5	OUTH ZIST	AVENUE	NENNE HOLLY MOOD FE 3301			
MGR BIRDMAN, LOUIS			307 SOUTH ZIST AVENUE			0002819094 -03/25/9901115015 ****188.75 ****188.7			
						0	Les		
	y certify that the ipformation suppli	ed with this filing o							
indicated on ti Iimited liability	his annual report is true and accur company or the receiver or truste th an address.								