## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L99000007880

1. Entity Name
EAST LAKE WOODLANDS PLAZA, LLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPES

% JAMES L. CASE, P.A. 2810 E. OAKLAND PARK BLVD, #102 FORT LAUDERDALE, FL 33306 Mailing Address

% JAMES L. CASE, P.A. 2810 E. OAKLAND PARK BLVD, #102 FORT LAUDERDALE, FL 33306

## FILED Feb 27, 2006 08:00 AM Secretary of State



01252008No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	14-7128297	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CASE, JAMES L 2810 EAST OAKLAND PARK BOULEVARD, STE 102 FORT LAUDERDALE, FL 33306

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan one of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registered agent and life it applicable.		TNOTE: Replatered Agent signature required when releastating)  DATE	
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
INLE	MGRM		
NAME	CASE, JAMES L TRUSTEE		
STREET ADDRESS	% 2810 E. OAKLAND PARK BLVD., #102		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	j	
INFLE			
NAME			
STREET ADDRESS		U000u044713u	
CITY-51-27P		03/88/66-800 <b>4</b> 2-007 <b>50.00</b>	
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		DO NOT WINTE	
TITLE		IN THIS SPACE	
NAME		in this office	
STREET ADDRESS			
CHY-ST-ZIP			
TITLE		3	
NAME		<b>{</b>	
STREET ADDRESS			
City-St-Zip			
TITLE		i i	
NAME			
STREET ADDRESS		<b>j</b>	
CITY-ST-ZIP		<u>l</u>	
<ol> <li>11. I hereby indicated limited list</li> </ol>	certify that the information supplied with this filing does not I on this report is true and accurate and that my signature s ubility company or the receiver or trustee empowered to exe	quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that have the same legal effect as if made under oath; that I am a managing member or manager of the locate this report as required by Chapter 508, Florida Statutes.	

PANES / CAS PRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE