## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # M01000001324 1. Entity Name SOUTH PLAZA CENTER ASSOCIATES, LLC



**FILED** Aug 07, 2006 08:00 Al Secretary of State

Principal Place of Business

580 E MAIN STREET

STE 300 NORFOLK, VA 23510 Mailing Address 580 E MAIN STREET STE 300 NORFOLK, VA 23510



07052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2036494

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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

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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 September 6, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	<del></del>	
NAME	SPA MANAGEMENT LLC		
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11. I hereby certify that the information sepplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is total and accurate and that my agnature shall have the same legal effect as if made under oath; that I am a managing member or manager of the			