

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90017 050 \*\*\*143.75

**DOCUMENT # M07000003771**

1. Entity Name  
**PLAZA COLLINA ASSOCIATES LLC**



Principal Place of Business  
**C/O THE GOODMAN COMPANY  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O THE GOODMAN COMPANY  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

**00000001**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEWALTER, WILLIAM A  
C/O THE GOODMAN COMPANY  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TGC CLERMONT ASSOCIATES LP  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

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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.

**Goodman Properties Inc., manager**

**SIGNATURE:**

*William A. Shewalter*

**William A. Shewalter, Vice President**

**April 24, 2008**

**561-833-3777**

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #