2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M99000000225

1. Entity Name
MEMORIAL PLAZA, L.L.C.

Principal Place of Business	Mailing Address
636 PINE STREET NEW ORLEANS, LA 70118	636 PINE STREET NEW ORLEANS, LA 70118

DO NOT WRITE IN THIS SPACE

01042004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 72-1304027	Applied For Not Applicable
5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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_____

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 May 1, 2004

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGRM
NAME	LEARY, PRIEUR J JR.
STREET ADDRESS	636 PINE STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70118
TITLE	
NAME	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   1/20/04   504-861-8225

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