2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03092007 Chg-LP CR2E003 (12/06)

DOCUMENT # A05000001236

1. Entity Name
PLANTATION 441, LTD.

Principal Place of Business	Mailing Address
120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
One Financial Plaza		One Financial Plaza	
Suite, Apt. #, etc.: Suite 102		Suite, Apt. #, etc.: Suite 102	
City & State: Ft. Lauderdale FL		City & State: Ft. Lauderdale FL	
Zip: 33394	Country: USA	Zip: 33394	Country: USA

4. FEI Number: 20-3042309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, STEPHEN M
120 E. PALMETTO PARK ROAD
SUITE 410
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Douglas, Stephen M.
Street Address (P.O. Box Number is Not Acceptable): One Financial Plaza
Suite 102
City: Ft. Lauderdale FL Zip Code: 33394

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] DATE: 4-17-07
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000061287	STREET ADDRESS	One Financial Plaza, Suite 102
NAME	PLANTATION 441, LLC		
STREET ADDRESS	120 E. PALMETTO PARK ROAD	CITY-ST-ZIP	Ft. Lauderdale FL 33394
CITY-ST-ZIP	BOCA RATON, FL 33432		
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] Date ______ Daytime Phone #: (954) 616-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER