


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027293**

1. Entity Name  
 PLANTATION HOLDINGS, LLC



Principal Place of Business      Mailing Address

10048 N.W. 53RD STREET      10048 N.W. 53RD STREET  
 SUNRISE, FL 33351              SUNRISE, FL 33351

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 57-1139856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOTCHKISS, PETER A  
 10048 N.W. 53RD STREET  
 SUNRISE, FL 33351

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOTCHKISS, PETER A
STREET ADDRESS	10048 NW 53RD ST
CITY-ST-ZIP	SUNRISE, FL 333518068
TITLE	MGRM
NAME	JACKSON, KENNETH R
STREET ADDRESS	10048 NW 53RD ST
CITY-ST-ZIP	SUNRISE, FL 333518068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000310303  
 04/16/05-80072-003 50.00

**DO NOT WRITE IN THIS SPACE**

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:**  *Managing Member*      4/14/05      954-746-5770

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