## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L02000027293** 

1. Entity Name PLANTATION HOLDINGS, LLC



**FILED** Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

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

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



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1139856 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOTCHKISS, PETER A

10048 N.W. 53RD STREET SUNRISE, FL 33351			
		IN THIS SPACE	
		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.			
DICNIATI IDE			
SIGNATURE.	Signature, typed or printed name of registered agent and filte if applicable (NOTE Registere	ed Agent signature required when reinstating) DATE	
	<del></del>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
After May	y 1, 2008 Fee will be \$538.75		
	·	01/31/08-80027-008 138.75	
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	· 1000 1000 1000 1000 1000 1000 1000 10	
TITLE			
NAME	•		
STREET ADORESS.			
CITY-ST-ZIP		DO NOTWRITE	
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NAME		IN THIS SPACE	
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CITY-ST-ZIP			
TITLE			
NAME Street address		The state of the s	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			

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

SIGNATURE:

CITY-ST-ZIP

EIGNATURE AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daylima Phone #