

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90039 042 ****50.00

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DOCUMENT # L04000083523 1. Entity Name GARDEN PLUM TREE L.L.C.					
Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US			Mailing Address 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE #105 WESTON, FL 33326			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
4. FEI Number 20-1938701 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
04152005 Chg-LLC CR2E083 (10/03)					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBACETE, ALFONSO 1825 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CIRO 1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VINCENSO 1825 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		Date 4/25/05 954 387-6161			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					