## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 24, 2006 8:00 am Secretary of State 01-30-2006 90158 011 \*\*\*\*50.00

DOCUMENT # L05000026441  1. Entity Name RECOM PLANTATION, LLC							01-30-200	06 90158 011 <sup>-</sup>	****50.00
Principal Place of Business 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134			Mailing Address 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134			3000998			
2. Principal Place of Business			3. Mailing Address						
Suite, Apr. #, etc.			Suite, Apt. #, etc.			01112006	Chg-LLC	CR2E083 (11/0	5)
City & State			City & State			4. FEI Num	3-2560	01 - H	Applied For Not Applicable
Zip	Country		Ζip	<u> </u>			e of Status Desired	□ \$5.00 A	ldditional ired
		and Address of Current F	legistered Agent Name		7. Name an	d Address of New R	agistered Agent	<del></del>	
	BRA PLAZ	A, SUITE 860			Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33134									
					City			FL Zip C	
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									
Fi D	iling Fee ue by Ma	is \$50.00 y 1, 2006					Make check payable to Florida Department of State		
9.		MANAGING MEMBER		10.	····		ADDITIONS/		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	ł .	NE IBRA PLAZA, SUITE 860 GABLES, FL 33134	Oelica					Crang	e 🔲 Addition
TITLE	MGR	A-0220,12 00104	Delete IIII		<del></del>			Chang	e 🔲 Addition
NAME STREET ADDRESS CITY+ST-ZIP		SUS E IBRA PLAZA, SUITE 860 GABLES, FL 33134	•		E ET ADORESS - ST-ZIP				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGR Debte TITE PADRON, CARLOS E MAR 2 ALHAMBRA PLAZA, SUITE 860 STR							Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 ALHAMBRA PLAZA, SUITE 860				E E ET ADDRESS - ST-ZIP			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cettes	-				Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete					Chang	e 📋 Addition
11. I horoby cortify that the information supplied with this filling 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 logal effect as if made under ceth; that I am a managing member or manager of the limited fability company or the reference or further execuse/this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 1/18/06 (305) 461-4888 SIGNATURE AND TEREST OR PRINTED NAME OF BIOMYTO MANAGING SEMBER, MANAGING									





## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

RECOM PLANTATION, LLC 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134

Subject: RECOM PLANTATION, LLC

Reference Number:

L05000026441

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CC ANNUAL REPORTS SECTION