FILED Feb 29, 2008 08:00 A Secretary of State

2008 LIMITED PARTNERSHIP ANNUAL R Due By May 1, 2008 DOCUMENT # A24091		EPORT	FILED Feb 29, 2008 08 Secretary of S	
1. Entity Name PLANTATION DEVELOPMENT, L	TD.			
Principal Place of Business 13451 MCGREGOR BLVD., SUITE 27 FORT MYERS, FL 33919	Mailing Address 13451 MCGREGOR BLVD., SUI FORT MYERS, FL 33919	TE 27		
Section of Property and the Con-				
DO NOT WRIT	F IN THIS SPA	CF .		R2E003 (12/06)
DO NOT WRITE IN THIS SPA		OL,	4. FEI Number 59-2770984	Applied For Not Applicabl
		,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curr	ent Registered Agent			No. 1
PDL GP LLC 13451 MCGREGOR BLVD., SUITE 27	,		DO NOT WRI	TE
FORT MYERS, FL 33919			IN THIS SPAC	CE
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The above named entity submits this stateme the obligations of registered agent.	nt for the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida.	am familiar with, and accept
SIGNATURE ——			U00000844	131
Signature, Noad or printed name of requistered a	ment and title if annicable		#####################################	वि वेचायम पान गा।

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IN 7	THIS	SPAC	CE

and opingui	iono or registeres agent.		
SIGNATURE -			U00000844131
·	Signature, typed or printed name of registered agent and title if applicable.		<u> </u>
	FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.	00	
P : 2	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the		
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #	L06000116368		
NAME	PDL GP LLC		•
STREET ADDRESS	13451 MCGREGOR BLVD., SUITE 27		and the second s
CITY-ST-ZIP	FORT MYERS, FL 33919	The state of the state	and the second of the second o
DOCUMENT #			

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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

GNATURE:

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER