200	1 UNIFORM BUS	INESS REP	ORT	(UBR)			at	į	
DOCUMENT # L0000012108						•		į	
1. Entity Name MATECUMBE PLANTATION, L.L.C.					FILED				
Principal Pla	on of Divisions	N.J. W		. •	<u> </u> .	OI JAN 25 AM	1 9: 15		
150 SE 12 S	ce of Business STREET. SUITE 300 ERDALE FL 33316	Mailing Address 150 SE 12 STREET. SUITE 300 FORT LAUDERDALE FL 33316				SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal I	Place of Business	3. Mailing Address			1	I HBOTIOTE OTE BOSLI COLLE DUITE OUTE E	:01:1)(#D #1 # D }	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip Country		ıtry	5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
SANTOLLA, STEVEN				, Name	ne				
150 SE 12 STREET, SUITE 300				Street Address (P.O. Box Number is Not Acceptable)					
FURI LA	UDERDALE FL 33316			City	■■ Zin Code				
									
8. The above	e named entity submits this statement for	or the purpose of changing	its registere	ed office or register	red agent, c	r both, in the State of Florida	ι.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signature required	i when reinstatin	19) -	DATE		
		FILE	NOW!!!	FEE IS \$50.00					
		Make Check (Payable t	o Department o	f State			ľ	
9.	MANAGING MEME	ERS/MEMBERS	10.			ADDITIONS/CHA	ANGES		
TITLE MGR NAME LIHAN, THOMAS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316		_ Delete	TITLE				☐ Change	Addition 8	
			STRE	ET ADDRESS -ST-ZIP		• •		☐ Addition (11/00)	
TITLE NAME	□ Delete		TITLE	_	errenin.		☐ Change	Charaman SE	
STREET ADDRESS CITY-ST-ZIP		vite 2 s		ET ADDRESS	Section 1				
TITLE			CITY-		- Co	l dv/Saif, Te	☐ Change	Addition	
NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	NAMI STRE	ET ADDRESS			_ ,	-	
CITY-ST-ZIP TITLE			**	-ST-ZIP		<u>200000360</u>		3	
NAME		☐ Delete	NAME	.	٠.	*****20*	101 083 mge(.00 *****5		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				20.0	
TITLE		☐ Delete	TITLE	ľ			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS		JYI			
CITY-ST-ZIP	<u> </u>			ST-ZIP		•			
NAME		Delete	TITLE NAME	1			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				1	
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 Liturther 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: STEVEN A Safrice 1-21-01 9-54-774-3701									
SIGITAL	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, M	ANAGER, OR	AUTHORIZED REPRESE	NTATIVE	Date	Daytime Phone #		