## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000014945** 

1. Entity Name
PLACE PLAN, LLC

FILED Mar 30, 2005 08:00 Al Secretary of State

Principal Place of Business

2331 MARCEL DR. ORANGE PARK, FL 32073 Mailing Address
2331 MARCEL DR.
ORANGE PARK, FL 32073



DO NOT WRITE IN THIS SPACE

03222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3683845 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, CYNTHIA S 2331 MARCEL DR ORANGE PARK, FL 32073

## DO NOT WRITE IN THIS SPACE

ORANGE	PARK, FL 320/3	IN THIS SPACE
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or registered agent, or both, in the State of Florida, I am familiar with, and accept
SIGNATURE		
ř D	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID, CYNTHIA S 2331 MARCEL DR. ORANGE PARK, FL 32073	U00000281122 03/30/05-80047-005 <b>50.0</b> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

11. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS CITY-ST-ZIP

NO TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/26/05 904278-0688

Date

Daytime Phone #