


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90286 046 ****50.00

DOCUMENT # L01000006209

1. Entity Name
SARACENO AT PLANTATION ACRES, L.C.



Principal Place of Business
**2852 UNIVERSITY DR
 CORAL SPRINGS, FL 33065**

Mailing Address
**2852 UNIVERSITY DR
 CORAL SPRINGS, FL 33065**

24014455



2. Principal Place of Business
2840 UNIVERSITY DRIVE

3. Mailing Address
2840 UNIVERSITY DRIVE

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

Zip Country

4. FEI Number
65-1149729

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILLESPIE III, R. BOWEN ESQ
 1515 SOUTH FEDERAL HWY
 STE 300
 BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID	
STREET ADDRESS	2840 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARTZ ENTERPRISES, INC. PROFIT SHARING PLA	
STREET ADDRESS	2840 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **DAVID LEVINE** **1/9/04** **954.755.1775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #