

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90052 043 \*\*\*\*50.00

**DOCUMENT # L01000022645**

1. Entity Name

REGENCY AT PLANTATION ACRES, LC



Principal Place of Business

2840 UNIVERISTY DR.  
CORAL SPRINGS, FL 33065

Mailing Address

2840 UNIVERISTY DR.  
CORAL SPRINGS, FL 33065 US



02232006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3587172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, REES B III  
1515 SOUTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME MARTZ ENTERPRISES, INC  
STREET ADDRESS 2840 UNIVERSITY DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE MGR  
NAME LEVINE, DAVID  
STREET ADDRESS 2840 UNIVERSITY DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-06 954 755-1775