

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90001 035 \*\*\*\*50.00

|                                                                           |                        |                                                                                   |         |
|---------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L01000022665</b>                                            |                        |  |         |
| 1. Entity Name<br><b>PLANTATION BOULEVARD, L.L.C.</b>                     |                        |                                                                                   |         |
| Principal Place of Business<br><b>5990 SW 87TH ST.<br/>MIAMI FL 33143</b> |                        | Mailing Address<br><b>5990 SW 87TH ST.<br/>MIAMI FL 33143</b>                     |         |
| 2. Principal Place of Business<br><b>5990 SW 87 St.</b>                   |                        | 3. Mailing Address<br><b>SAME</b>                                                 |         |
| Suite, Apt. #, etc.                                                       |                        | Suite, Apt. #, etc.                                                               |         |
| City & State<br><b>Miami FLA.</b>                                         |                        | City & State                                                                      |         |
| Zip<br><b>33143</b>                                                       | Country<br><b>DADE</b> | Zip                                                                               | Country |



MOORE CR2E083 (4/04)

|                                                           |  |                                                        |  |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number<br><b>NO-T APPLICABLE</b>                   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |  |

|                                                                                                                                                                             |  |                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>TEST, SANDRA L ESQ. <i>Sandra Test</i><br/>JOHN H. TEST, P.A.<br/>8900 SW 117 AVE., STE. B-105<br/>MIAMI FL 33186</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                              | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BYRNE BROWN, PAMELA<br/>10620 SW 83RD CT.<br/>MIAMI FL 33156</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** *Pamela B. Brown*

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

*8/3/04*

Date

Daytime Phone #