

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000014538**

1. Entity Name

PLANTATION LAND HOLDINGS, L.L.C.



Principal Place of Business

722 SHAMROCK BOULEVARD  
VENICE FL 34293

Mailing Address

722 SHAMROCK BOULEVARD  
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3693554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEUDER, WILLIAM M  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE PD ☐ Delete  
NAME CONNELLY, JAMES A  
STREET ADDRESS 722 SHAMROCK BLVD  
CITY-ST-ZIP VENICE FL 34293

TITLE VPD ☐ Delete  
NAME LATTMANN, STEPHEN  
STREET ADDRESS 722 SHAMROCK BLVD  
CITY-ST-ZIP VENICE FL 34293

TITLE VPD ☐ Delete  
NAME JOELSON, RAY R  
STREET ADDRESS 722 SHAMROCK BLVD  
CITY-ST-ZIP VENICE FL 34293

TITLE STD ☐ Delete  
NAME CONNELLY, DEBBIE  
STREET ADDRESS 722 SHAMROCK BLVD  
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U000000037059  
02/06/04-80084-002 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*JAMES A. CONNELLY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/3/04

(941) 497-2353

Date

Daytime Phone #