


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 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



01272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3693554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEUDER, WILLIAM M
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

3. 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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELLY, JAMES A 722 SHAMROCK BLVD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LATTMANN, STEPHEN 722 SHAMROCK BLVD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOELSON, RAY R 722 SHAMROCK BLVD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONNELLY, DEBBIE 722 SHAMROCK BLVD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000412403
02/10/06-80047-004 50.00

**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:  **JAMES A. Connelly** **1/28/06** **941-497-2353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #