

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-07-2008 90046 017 ***138.73
L02000020337

FILED

08 JAN 16 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020337 1. Entity Name PLANTATION PLAZA L.L.C.					
Principal Place of Business C/O PAUL FELDMAN, ESQ. 407 LINCOLN ROAD, STE. 701 MIAMI BEACH, FL 33139			Mailing Address C/O PAUL FELDMAN, ESQ. 407 LINCOLN ROAD, STE. 701 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1643500	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FELDMAN, PAUL P.A. 407 LINCOLN ROAD, SUITE 701 MIAMI BEACH, FL 33139			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FELDMAN, PAUL 407 LINCOLN RD, STE 701 MIAMI BEACH, FL 33139	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FELDMAN, PRINCESS 407 LINCOLN RD, STE 701 MIAMI BEACH, FL 33139	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 recipient of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Paul Feldman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1-2-08		
Daytime Phone #			305-534-4121		