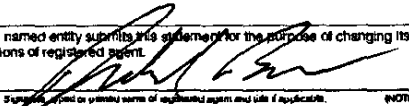


FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 90007 030 ****50.00
05-05-2003 92180 014 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000020770			
1. Entity Name PLANTATION REALTY ASSOCIATES, LLC			
Principal Place of Business C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017		Mailing Address C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017	
2. Principal Place of Business 7100-39 Fairway Dr. #184		3. Mailing Address 7100-39 Fairway Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #184	
City & State Palm Beach Gardens FL 33418		City & State Palm Beach Gardens, FL	
Zip 33418		Zip 33418	
Country USA		Country	
4. FEI Number 36-4504295		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAER, RICHARD 7100-39 FAIRWAY DRIVE, #184 PALM BEACH GARDENS, FL 33418		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:  RICHARD BAER DATE: 4/29/03 Signature of agent or primary name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when withdrawing)			
			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR AJC PLANTATION CORP. 11 EAST 44TH STREET NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 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 registered service employee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  DATE: 4/29/03 561-775-1300		Dues Certificate Number	

RICHARD BAER

CR2003 (10/02)