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)

30069637

DOCUMENT # L02000020770

1. Entity Name
PLANTATION REALTY ASSOCIATES, LLC

Principal Place of Business	Mailing Address
C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017	C/O COHEN & CO., INC. 11 EAST 44TH STREET NEW YORK, NY 10017

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7100-39 Fairway Dr. #184	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 Country: USA	Zip: 33418 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: [signature] RICHARD BAER — 4/29/3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE NOW ... FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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

CR2E083 (10/02)

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: [signature] — 4/29/3 — 561-775-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

RICHARD BAER