

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024984

FILED  
May 04, 2006  
Secretary of State

**Entity Name:** PLANTATION FLOOR PARTNERS, L.L.C.

**Current Principal Place of Business:**

7373 WEST SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

21113 JOHNSON STREET #114  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 52-2379719      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BADELL, JATNIEL L  
21113 JOHNSON STREET #114  
PEMBROKE PINES, FL 33029      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ARDILA, HERNANDO  
Address: 21113 JOHNSON STREET, #114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM      ( ) Delete  
Name: BADELL, JATNIEL L  
Address: 21113 JOHNSON STREET, #114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM      ( ) Delete  
Name: RIVIERE, ARMANDO  
Address: 21113 JOHNSON STREET, #114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR      ( ) Delete  
Name: RIVIERE, ADRIANA  
Address: 21113 JOHNSON STREET, #114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM      ( ) Delete  
Name: VALOIS, JUAN  
Address: 21113 JOHNSON STREET #114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM      ( ) Delete  
Name: PAZOS, FLORA  
Address: 21113 JOHNSON STREET, #114  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FLORA PAZOS

MGRM

05/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date