2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034575

1. Entity Name

PLANTATION PROMENADE, LLC

FILED Apr 19, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1541 SUNSET DRIVE STE. 300 CORAL GABLES, FL 33143 1541 SUNSET DRIVE STE. 300 CORAL GABLES, FL 33143



02122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 76-0725250 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGIER, GERALD M 1541 SUNSET DRIVE STE. 300 CORAL GABLES, FL 33143			DO NOT WRITE IN THIS SPACE		
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, typed or printed name of registered agent and title if applicable. (NOTE P.		(NOTE Registered Agent sign	Registered Agent signature regulred when reinstating) DATE		
Filling Fee is \$59.00 Due by \$1.15 i, 2005			84/	U00000120916 /20/04-80028-013 50.00	
S.	MANAGING MEMBERS/MANAGERS MGR		A Section of the sect		
MAME	HIGIER, GERALD M				
STREET ADDRESS	1541 SUNSET DRIVE STE. 300				
CITY-ST-ZIP	CORAL GABLES, FL 33143				
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHY-ST-ZIP
TITLE
WAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1,/04

(305) 666-2140

Daytime Phone #