


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034575

1. Entity Name
 PLANTATION PROMENADE, LLC



Principal Place of Business 1541 SUNSET DRIVE STE. 300 CORAL GABLES, FL 33143	Mailing Address 1541 SUNSET DRIVE STE. 300 CORAL GABLES, FL 33143
---	---

DO NOT WRITE IN THIS SPACE



05022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0725250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGIER, GERALD M 1541 SUNSET DRIVE STE. 300 CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000574199
 09/14/06-80002-012 50.00

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gerald M. Higier 6/9/06 (305) 666-2140

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING, MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #