2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

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DOCUMENT # L0400005018 1. Entity Name DESOTO PLANTATION, LLC					03-10-2005 90035 032 ****50.00				
Principal Place	e of Business	Mailing Address					2001	19676	-•
1880 N. BAHAMA AVENUE Marco Island, Fl. 34145		1880 N. BAHAMA AVENUE Marco Island, Fl. 34145							
MARCO ISLAN	10,11 34143	WINICO ISLAND, IL 34	140			P+ G1911 SP1 S91 95	 HI 6510 8615 1 9 11		001 lit #981
6 D::ID	for all Divisions	2 Mailine Address							
2. Principal Place of Business 4770 Alberton Court,		3. Mailing Address 4770 Alberton Court,			1	ili ballı edili eli	#	II	
Suite, Apt. #, etc. #2602		Suite Apt. #, etc. #2602		02232005	Chg-LLC	CR2E0	83 (10/03)	-	
City & State Naples, FL		City & State Naples, FL		4. FEI Numbe	FEI Number Applied For Not Applied be Not Applied be				
^{Zip} 34105	Country U.S.A.	^{Zip} 34105	Country	U.S.A.	5. Certificate	of Status Desired		\$5.00 Addi Fee Required	
	6. Name and Address of Current I	Registered Agent				Address of New I	Registered A	\gent	
NOVATT, JEFF M ESQ.				Name Bateman, Arthur L.					
C/O CHEFFY, PASSIDOMO, ET AL				Street Address	P.O. Box Numbe	r is Not Acceptabl	e)		
825 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102			-	4770	Alberton	Court,	12602		
10 11 220,1	. 2 0 1 1 0 2		-	Cir.		Court, ,	FL	Zip Code	34105
8. The above	named entity submits this statement for	r the purpose of changing its	registered	Naple		in the State of F			
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I <i>∀// X</i>	1 <i>7 1 100</i>	11.44 1.15		. ~ ~~ "	· -\	,			
SIGNATURE!	Signature, woed or plutid name of registered agent a	HL/NOL r. Pol	Lenia F Boomstored	Approximation require	en l		<u>3- 2</u>	- 63	<u></u> •
SIGNATURE!	Signature, typed or plinted name of registered agent a	and title if applicable. (NOTE	E: Registered	Agent signature require	en I d when reinstating)		3- 2 DATE	- 63	· · ·
FI	iling Fee is \$50.00	HTINOP L' DAI	E Registered	Agent signature require	d when reinstating)		3-2 DATE		
- C	The state of the s	and title if applicable. (NOTE	E Registered A	Agent signature require	d when reinstating)		No Check point Department		
FI D	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	, 10.	-was 	d when reinstating)	Florid		ent of State	7,700 % * 1
9.	illing Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	A STATE OF THE STA	, 10.	1	en)	Florid	la Departmo	ent of State	Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 LAND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Days Prone &