

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000016436

1. Entity Name

PLANTATIONS AT OKEECHOBEE PINES, LLC



Principal Place of Business

**840 US HIGHWAY ONE, STE 340
NORTH PALM BEACH, FL 33408**

Mailing Address

**840 US HIGHWAY ONE, STE 340
NORTH PALM BEACH, FL 33408**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1597820

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINERLEY, KENNETH L
C/O BLOCH, MINERLEY & FEIN, P.L.
980 N FEDERAL HWY, STE 412
BOCA RATON, FL 33432**

**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: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1000000384893
01/17/06-80034-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASCIARELLA, RAYMOND M
STREET ADDRESS	840 US HIGHWAY ONE, STE 340
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	MINERLEY, KENNETH L
STREET ADDRESS	980 N FEDERAL HWY, STE 412
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	DIRR, DONNA
STREET ADDRESS	C/O PALM BEACH NOTICES, PO BOX 123
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

1-66

5616274448

Date

Overtime Phone #