

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016436

FILED
Mar 19, 2009
Secretary of State

Entity Name: PLANTATIONS AT OKEECHOBEE PINES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1597820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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: MASCIARELLA, RAYMOND M
Address: 840 US HIGHWAY ONE, STE 340
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: MINERLEY, KENNETH L
Address: 980 N FEDERAL HWY, STE 412
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: DIRR, DONNA
Address: C/O PALM BEACH NOTICES, PO BOX 123
City-St-Zip: JUPITER, FL 33468

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:

I hereby certify that the information supplied with this filing does not qualify 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: RAYMOND MASCIARELLA

MGRM

03/19/2009

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