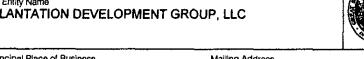
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

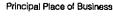
## **DOCUMENT # L04000021010**

1. Entity Name

PLANTATION DEVELOPMENT GROUP, LLC



**FILED** Jan 09, 2007 08:00 AN Secretary of State



Mailing Address

4310 W. BROWARD BLVD. FT. LAUDERDALE, FL 33301

4310 W. BROWARD BLVD. FT. LAUDERDALE, FL 33301



01042007 No Chg-LLC

CR2E083 (11/05)

4, FEI Number Applied For 57-1201578 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MODAS, DANIEL A 1215 SE 2 AVE #202 FT. LAUDERDALE, FL 33316

## DO NOT WRITE IN THIS SPACE

	1	
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 it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
illing Fee is \$50.00 bue by May 1, 2007	÷ • • • •	
MANAGING MEMBERS/MANAGERS		
MGR ZIMMERMAN, CHRIS 1961 SW 68 AVE. PLANTATION, FL. 33317		
MGRM ZIMMERMAN, KIM 1961 SW 68 AVE. PLANTATION, FL 33317		U00000580640 01/10/07-80056-015 55.00
MGRM KRAMER, LARRY 420 NW 104 AVE. CORAL SPRINGS, FL 33071	DO	NOT WRITE
	IN	THIS SPACE
	Signature, typed or printed name of registered agent and trile it applicable.  Signature, typed or printed name of registered agent and trile it applicable.  MINE STATE OF THE STATE OF TH	Signature, typed or printed name of registered agent and this if applicable.  (NOTE: Registered Agent signature required when reinstating)  Illing Fee is \$50.00  WANAGING MEMBERS/MANAGERS  MGR  ZIMMERMAN, CHRIS  1961 SW 68 AVE.  PLANTATION, FL 33317  MGRM  ZIMMERMAN, KIM  1961 SW 68 AVE.  PLANTATION, FL 33317  MGRM  KRAMER, LARRY  420 NW 104 AVE.  CORAL SPRINGS, FL 33071

11. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIVE