


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-13-2005 90211 027 ****50.00

DOCUMENT # L04000923649 1. Entity Name PLANTATION EQUITIES, LLC					
Principal Place of Business 1705-D2 COLONIAL BLVD. FT. MYERS FL 33907				Mailing Address 1705-D2 COLONIAL BLVD. FT. MYERS FL 33907	
2. Principal Place of Business 13891 PLANTATION Rd Suite, Apt. #, etc.		3. Mailing Address 13961 PLANTATION Rd Suite, Apt. #, etc. #101			
City & State Fort Myers FL Zip 33912 Country USA		City & State Fort Myers, FL Zip 33912 Country USA		4. FEI Number 20-0994675 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SOLL, WILLIAM P 1705-D2 COLONIAL BLVD. FT. MYERS FL 33907	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13891 PLANTATION Rd #101 City Fort Myers State FL Zip Code 33912				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 _____ DATE 4-8-05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILLIAM P. SOLL	13891 PLANTATION RD	FORT MYERS, FL 33902		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: William P. Soll <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/8/05 Daytime Phone 239-936-4411	