



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90060 045 \*\*\*\*50.00

<b>DOCUMENT # L04000044834</b> 1. Entity Name <b>PLANTATION KOP, LLC</b>					
Principal Place of Business <b>8725 N.W. 18TH TERRACE, SUITE 204 MIAMI, FL 33172</b>			Mailing Address <b>8725 N.W. 18TH TERRACE, SUITE 204 MIAMI, FL 33172</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04132005    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>20-1278568</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI C/O GARY J. COHEN 201 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>PAUL DOUGLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8725 NW 18 TER., SUITE 204</b> City <b>MIAMI</b> FL    Zip Code <b>33172</b>		
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 a registered agent.					
SIGNATURE <i>Paul Douglas</i> <b>PAUL DOUGLAS, MANAGING MEMBER</b>			DATE <b>4-28-05</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: <i>Paul Douglas</i> <b>PAUL DOUGLAS</b>			Date <b>305-594-7730</b>		