

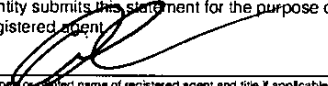
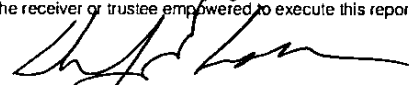


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90383 011 ***150.00

DOCUMENT # L04000061959 1. Entity Name RIVER OAKS PLANTATIONS, LLC					
Principal Place of Business 4548 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308			Mailing Address 4548 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308		
2. Principal Place of Business 11555 Heron Bay Blvd. Suite, Apt. #, etc. 50 Daniel Cole CPA #200		3. Mailing Address 11555 Heron Bay Blvd Suite, Apt. #, etc. 50 Daniel Cole CPA #200		20022240 	
City & State Coral Springs FL Zip 33076		City & State Coral Springs FL Zip 33076		03052005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 37-1499149		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BISHINS, LARRY V 4548 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	
7. Name and Address of New Registered Agent Name Daniel Cole CPA Street Address (P.O. Box Number is Not Acceptable) 11555 Heron Bay # 200 City Coral Springs FL Zip Code 33076				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 		D. Cole		3-5-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member David Chappier 1400 N.W. 45TH ST. #B-7 Pompano Bch, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		