


**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 Mailing Address  
**4548 NORTH FEDERAL HIGHWAY** **4548 NORTH FEDERAL HIGHWAY**  
**FORT LAUDERDALE, FL 33308** **FORT LAUDERDALE, FL 33308**

**20022240**



2. Principal Place of Business 3. Mailing Address  
**11555 Heron Bay Blvd.** **11555 Heron Bay Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1/6 Danick Cole CPA #200** **1/6 Danick Cole CPA #200**  
 City & State City & State  
**Coral Springs FL** **Coral Springs FL**  
 Zip Country Zip Country  
**33076 USA** **33076 USA**

03052005 Chg-LLC CR2E083 (10/03)

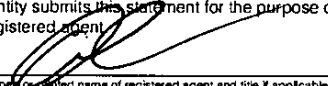
4. FEI Number **37-1499149** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 **Danick 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**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>Managing Member</b>			<input type="checkbox"/>
	<b>David Chappier</b>	<b>1400 N.W. 45TH ST. #B-7</b>	<b>Pompano Bch, FL 33064</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #