


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-12-2005 90012 024 ****55.00

DOCUMENT # L04000061966	
1. Entity Name PLANTATION INN PLAZA, LLC	

Principal Place of Business 375 NORTH STATE ROAD 7 PLANTATION FL 33317 US	Mailing Address 375 NORTH STATE ROAD 7 PLANTATION FL 33317 US
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2. Principal Place of Business 377 NORTH STATE ROAD 7	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PLANTATION, FL	City & State
Zip 33317	Country USA



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent PULIKKEN, DAVIS 375 NORTH STATE ROAD 7 PLANTATION FL 33317		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULIKKEN, DAVIS 375 NORTH STATE ROAD 7 PLANTATION FL 33317 <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	MGRM DAVIS, BABYKUTTY 375 NORTH STATE ROAD 7 PLANTATION FL 33317 <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
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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:  **4/5/05** **954-584-7220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #