

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90342 031 ****55.00

DOCUMENT # L04000061966

1. Entity Name

PLANTATION INN PLAZA, LLC



Principal Place of Business

377 NORTH STATE RD 7
PLANTATION, FL 33317 US

Mailing Address

375 NORTH STATE ROAD 7
PLANTATION, FL 33317 US

DO NOT WRITE IN THIS SPACE



03232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1534219

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULIKKEN, DAVIS
375 NORTH STATE ROAD 7
PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | PULIKKEN, DAVIS |
| STREET ADDRESS | 375 NORTH STATE ROAD 7 |
| CITY-ST-ZIP | PLANTATION, FL 33317 |
| TITLE | MGRM |
| NAME | DAVIS, BABYKUTTY |
| STREET ADDRESS | 375 NORTH STATE ROAD 7 |
| CITY-ST-ZIP | PLANTATION, FL 33317 |
| TITLE | MGRM |
| NAME | BENNETT DAVIS, BENNET .P. |
| STREET ADDRESS | 4301 DIAMOND TERRACE |
| CITY-ST-ZIP | WESTON, FL 33331 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

B Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/28/07

Date

954-584-7220

Daytime Phone #