

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066947

1. Entity Name
ROUND ISLAND PLANTATION, LLC



Principal Place of Business
2655 NORTH OCEAN DRIVE
SUITE 310
SINGER ISLAND, FL 33404

Mailing Address
3540 FOREST HILL BLVD.
#203
W. PALM BEACH, FL 33406



03252006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1629315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

HEATON, GEORGE W
2655 NORTH OCEAN DRIVE
SUITE 310
SINGER ISLAND, FL 33404

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LG TURTLE COVE LLC
2655 NORTH OCEAN DRIVE
SINGER ISLAND, FL 33404

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SFF TURTLE COVE LLC
1060 SW 19TH ST.
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MANAGING MEMBER
4/12/06 00016-021 \$0.00

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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: *Deborah Denton* *Deborah Denton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/06
Date

561433 4810
Daytime Phone #