


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90350 023 ****50.00

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|--|---|--|--|--|--|
| DOCUMENT # L04000070645 1. Entity Name LJS PLANTATION ROAD, LLC | | | |  | |
| Principal Place of Business 4460 SHISLER ROAD CLARENCE, NY 14031 US | | | Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906 | | |
| 2. Principal Place of Business 14206 Devington Way | | 3. Mailing Address 14206 DEVINGTON WAY | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Fort Myers, FL | | City & State FT MYERS FL | | 4. FEI Number NOT APPLICABLE | |
| Zip 33912 | | Country Lee | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907 | | 7. Name and Address of New Registered Agent Name <u>SMITH LAWRENCE J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>14206 DEVINGTON WAY</u> City <u>FT MYERS</u> <u>FL</u> Zip Code <u>33912</u> | | | |
| 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 <u>Lawrence J Smith</u> <u>LAWRENCE J SMITH</u> <u>3/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, LAWRENCE J P.O. BOX 381 CLARENCE, NY 14031 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR 14206 Devington Way Fort Myers, FL 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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 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: <u>Lawrence J Smith</u> <u>LAWRENCE J SMITH</u> <u>3/8/06</u> <u>239-225-9094</u> <u>716-759-2499</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |