

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 20, 2005 8:00 am
Secretary of State

04-28-2005 90031 042 ****50.00

DOCUMENT # L04000075610 1. Entity Name 4009 SW 3RD PLANTATION, L.L.C.					
Principal Place of Business 4000 HOLLYWOOD BLVD., #350N HOLLYWOOD, FL 33021			Mailing Address 4000 HOLLYWOOD BLVD., #350N HOLLYWOOD, FL 33021		
2. Principal Place of Business 900 West 49 St Suite, Apt. #, etc. 508		3. Mailing Address 66 Kingdom Realty @ 900 West 49 St Suite, Apt. #, etc. 508			
City & State Hialeah, FL		City & State Hialeah, FL			
Zip 33012	Country	Zip 33012	Country		
4. FEI Number 20-3004316			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQ. FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BLVD., SUITE 350 HOLLYWOOD, FL 33021			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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>6-25-05</u> <u>505-985-2033</u> Date Daytime Phone		

30009627



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