

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90180 047 ****50.00

DOCUMENT # L04000077205

1. Entity Name
PLATO CONDOS, L.L.C.



Principal Place of Business

912 S.E. 46TH LANE
SUITE 201
CAPE CORAL, FL 33904

Mailing Address

912 S.E. 46TH LANE
SUITE 201
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1825812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R ESQ.
1105 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904

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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 MGRM
NAME POWELL, MARJORIE
STREET ADDRESS 912 S.E. 46TH LANE #201
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE MGRM
NAME HERTZ, SCOTT
STREET ADDRESS 912 S.E. 46TH LANE #201
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

Marjorie Powell *2/8/06* *239 546-0055*