2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000077205

1. Entity Name

PLATO CONDOS, L.L.C.



Principal Place of Business

804 NICHOLAS PKWY EAST

SUITE 2

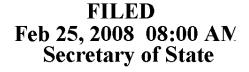
CAPE CORAL, FL 33990

Mailing Address

804 NICHOLAS PKWY EAST

SUITE 2

CAPE CORAL, FL 33990





DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1825812

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, MARJORIE 804 NICHOLAS PKWY EAST SUITE 2 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERTZ, SCOTT 804 NICHOLAS PKWY EAST SUITE 2 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS 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 empty wered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE Jayre To

D TYPE OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-19.08

2394588811

Daytime Phone #