

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000026441**

1. Entity Name  
**RECOM PLANTATION, LLC**



Principal Place of Business  
**2 ALHAMBRA PLAZA, SUITE 860  
CORAL GABLES, FL 33134**

Mailing Address  
**2 ALHAMBRA PLAZA, SUITE 860  
CORAL GABLES, FL 33134**



01092007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2560763**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIAZ, RENE ESQ  
2 ALHAMBRA PLAZA, SUITE 860  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | MGR                         |
| NAME           | DIAZ, RENE                  |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 860 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134      |
| TITLE          | MGR                         |
| NAME           | DIAZ, JESUS E               |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 860 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134      |
| TITLE          | MGR                         |
| NAME           | PADRON, CARLOS E            |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 860 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134      |
| TITLE          | MGR                         |
| NAME           | VILA, OSCAR J III           |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 860 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134      |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

U000000534986  
01/23/07-80018-020 50.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #

1/16/07 (305) 461-4888