


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L05000042302</b><br>1. Entity Name<br>PLANTATION SHOPPES FLA LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>11555 HERON BLVD., SUITE 200<br>CORAL SPRINGS, FL 33076 | Mailing Address<br>11555 HERON BLVD., SUITE 200<br>CORAL SPRINGS, FL 33076 |
|--|--|

|                                   |
|-----------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> |
|-----------------------------------|



03202008No Chg-LLC

CR2E083 (12/07)

|   |  |
|---|--|
| 4. FEI Number<br>20-2833455                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

|  |
|--|
| 8. Name and Address of Current Registered Agent<br><br>TULEPAN MANAGEMENT LLC<br>11555 HERON BLVD., SUITE 200<br>CORAL SPRINGS, FL 33076 |
|--|

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

|   |            |
|---|------------|
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  | DATE _____ |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | U000000876585<br>04/11/08-80081-005 138.75 |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ROBERTS, BOB<br>11555 HERON BLVD., SUITE 200<br>CORAL SPRINGS, FL 33076 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

|  |   |                                |
|--|---|--------------------------------|
| 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. |   |                                |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   | <i>Bob Roberts</i><br><small>Date</small> | <small>Daytime Phone #</small> |