2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000056439

1. Entity Name

PLANTATION DEVELOPMENT LLC



FILED
Mar 11, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

2425 SADLER ROAD

SIGNATURE

FERNANDINA BEACH, FL 32034

2425 SADLER ROAD

FERNANDINA BEACH, FL 32034



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 83-0432444 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of changing its registered off	ice or registered agent, or both	in the State of Florida.	am familiar with, and accept
	the obligations of registered agent.			

(NOTE, Registered Agent signature required when reinstating)

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

U00000854474 03/27/08-80009-010 138.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	P			
NAME	BUSCAINO, VICTOR L JR			
STREET ADDRESS	2425 SADLER RD			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			
TITLE	VP			
NAME	VANLENNEP, HECTOR			
STREET ADDRESS	2425 SADLER RD			
CITY-SI-ZIP	FERNANDINA BEACH, FL 32034			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the ex				

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

p. .

904-261-4404 NT

Daytime Phone #