2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000056489 01-25-2006 90049 002 ****50.00 THE PLANTATION, LLC Principal Place of Business Mailing Address 8525 RED LEAF LANE 8525 RED LEAF LANE ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For 59-3808455 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUGGAL, KARAM V Street Address (P.O. Box Number is Not Acceptable) 8525 RED LEAF LANE ORLANDO, FL 32819 City Zip Code 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 2 Signature, typed or printed name of regi red agent and tale if applicable. (NOTE: Registered Agent signature required when rematability) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Managing nember TITLE ☐ Change ☐ Addition KARAM V. DUGGAL 8525 Red Leaf Lang ORLANDO, FL. 3 NAME NAME STREET ADDRESS STREET ADORESS 32819 CITY-ST-ZIP CITY+ST-ZIP Monaging Member [TROY D. BRONSON 9443 Lake Marion Cross Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY ST. 7IP TITLE Ueleza iilië Chance Addition Managing Member JUSTIN T. MAKINSON 1201 Patricia circle. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE __ Change - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition HALLE NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 flability company or the receiver or trustee egoowered to execute this report as required by Chapter 608, Florida Statutes. 407-363-4718.

FILED

Feb 27, 2006 8:00 am



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

THE PLANTATION, LLC 8525 RED LEAF LANE ORLANDO, FL 32819

Subject: THE PLANTATION, LLC-

Reference Number:

L05000056489

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

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