2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90120 049 ***138.75

DOCUMENT # L05000073170

1. Entity Name
PLANTATION POINT APARTMENT, LLC

Principal Place of Business	Mailing Address
9400 S. DADELAND BLVD. SUITE 603 MIAMI FL 33156	9400 S. DADELAND BLVD. SUITE 603 MIAMI FL 33156

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9400 S. DADELAND BLVD.	9400 S. Dadeland Blvd.
Suite, Apt. #, etc.: STE. 601	Suite, Apt. #, etc.: STE. 601
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

1st MOORE CR2E083 (10/07)

4. FEI Number: 20-3201403 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KABAT, LAWRENCE D CPA
9400 S. DADELAND BLVD.
SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: KABAT, LAWRENCE D. CPA
Street Address (P.O. Box Number is Not Acceptable): 9400 S. DADELAND Blvd.
STE. 601
City: MIAMI FL Zip Code: 33156

8. The above named [illegible] 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 [illegible]

SIGNATURE ____________________ (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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KABAT, LAWRENCE D 9400 S DADELNAD BLVD #603 MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KABAT, LAWRENCE D. 9400 S. DADELAND Blvd. #601 MIAMI, FL 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHERTZER, MICHAEL E 9400 S DADELNAD BLVD #603 MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHERTZER, MICHAEL E. 9400 S. DADELAND BLVD. #601 MIAMI, FL. 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information [illegible] this filing does not qualify for the exemptions contained in Section 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] 4-10-08 305 670-3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #