## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 27, 2006 8:00 am Secretary of State

Daytime Phone #

Principal Place of Business  Mailing Address  333 WOODS AVENUE  TAVERNIER, FL 33070  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Mailing Address  1. Mailing Address  01162006 Chg-LLC CR2E083			
Suite Ant # etc.			
Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-LLC CR2E083	(11/05)		
City & State City & State 4. FEI Number 20 - 3400366	Applied Not App		
	5.00 Additions e Required	ed .	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age Name			
RYAN, CHRISTOPHER J 700 EAST DANIA BOULEVARD, THIRD FLOOR DANIA BEACH, FL 33004	(P.O. Box Number is Not Acceptable)		
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 fan	niliar with, and	accept	
the obligations of registered agent.  SIGNATURE			
Signature, typed or protect name of regularized agent and title if applicable. (NOTE: Registered Agent jagnature required when remasking)  DATE  OATE			
Filing Fee is \$50.00 Make check pay Due by May 1, 2006 Florida Departmen			
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES			
TITLE MGRM Delete TITLE [	Change []	Addition	
STREET ADDRESS CITY-ST-ZP TAVERNIER, FL 33070 STREET ADDRESS CITY-ST-ZP			
	Change 🔲	Addition	
NAME SALERRNO, JEFFREY SIMETI ADDRESS 4500 S.E. HANOVER COURT STREET ADDRESS			
CITY-SI-ZIP STUART, FL 34997 CITY-SI-ZIP			
···	Change 🔲	Addition	
NAME RYAN, CHRISTOPHER J NAME SIREETADORESS 700 EAST DANIA BEACH BOULEVARD STREET ADDRESS		l	
CITY-ST-ZP DANIA BEACH, FL 33004 CITY-ST-ZP	76	l deductions	
NAME Deletes TITLE .	Change · 🗔	resider.	
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STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP		ļ	
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HAME STREET ADDRESS STREET ADDRESS			
CITY-ST-ZP CITY-ST-ZP  11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify the	sat the informati	im	
In the control that the information supplies with this importance indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under eath; that it 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: MG PM 2-20-06 SX AGRIATURE AND TYPED OR PRINTED MAKE OF BICKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOWN Days	(64 30 St	)	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

PLANTATION KEY INVESTMENTS, LLC 333 WOODS AVENUE TAVERNIER, FL 33070

Subject: PLANTATION KEY INVESTMENTS, LLC

Reference Number

L05000083965

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):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative 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