

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L05000083965

1. Entity Name
PLANTATION KEY INVESTMENTS, LLC



Principal Place of Business
**333 WOODS AVENUE
TAVERNIER, FL 33070**

Mailing Address
**333 WOODS AVENUE
TAVERNIER, FL 33070**



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3400366

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RYAN, CHRISTOPHER J
700 EAST DANIA BOULEVARD, THIRD FLOOR
DANIA BEACH, FL 33004**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VENEZIA, CHRIS
STREET ADDRESS	333 WOODS AVENUE
CITY- ST- ZIP	TAVERNIER, FL 33070
TITLE	MGRM
NAME	SALERRNO, JEFFREY
STREET ADDRESS	4500 S.E. HANOVER COURT
CITY- ST- ZIP	STUART, FL 34997
TITLE	MGRM
NAME	RYAN, CHRISTOPHER J
STREET ADDRESS	700 EAST DANIA BEACH BOULEVARD
CITY- ST- ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000735590
05/10/07-80039-025 50.00

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-07

305-664-3030