

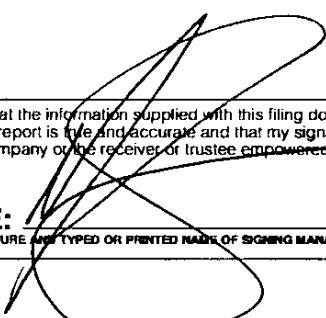


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90044 028 ****50.00

DOCUMENT # L06000057276					
1. Entity Name PLANTATION POINTE PARTNERS, LLC					
Principal Place of Business 11497 COLUMBIA PARK DRIVE WEST JACKSONVILLE, FL 32256			Mailing Address 11497 COLUMBIA PARK DRIVE WEST JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 10365 Hood Road South Suite, Apt. #, etc. Unit 205 City & State Jacksonville, Florida Zip Country 32257 USA		3. Mailing Address 10365 Hood Road South Suite, Apt. #, etc. Unit 205 City & State Jacksonville, Florida Zip Country 32257 USA			
4. FEI Number 20-5197851		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NEACE & ASSOCIATES, P.A. 4209 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAGDONAS, MICHAEL 11497 COLUMBIA PARK DRIVE WEST JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLANO, MOISES 11497 COLUMBIA PARK DRIVE WEST JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRISTIAN, NORBERTO 11497 COLUMBIA PARK DRIVE WEST JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4-25-07 Daytime Phone #: 904/610458					