

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90052 019 ***138.75

DOCUMENT # L060000793621. Entity Name
PLANT CITY HISTORIC DISTRICT DEVELOPERS, LLC

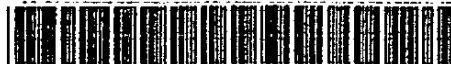
Principal Place of Business

1302 W. SLIGH AVE.
TAMPA, FL 33604

Mailing Address

1302 W. SLIGH AVE.
TAMPA, FL 33604

50007456



06132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-5506152

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ, JAMES A
1302 W. SLIGH AVE.
TAMPA, FL 33604**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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KANE, FRANK
STREET ADDRESS	1302 W. SLIGH AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 606, Florida Statutes.

SIGNATURE:

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

8-13-08

Date

Daytime Phone #