

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083235

FILED
May 01, 2007
Secretary of State

Entity Name: HOOT OWL PLANTATION, LLC

Current Principal Place of Business:

205 N.E. 5TH TERRACE
DELRAY BEACH, FL 33444

New Principal Place of Business:

31160 SW 195 AVENUE
HOMESTEAD, FL 33033

Current Mailing Address:

205 N.E. 5TH TERRACE
DELRAY BEACH, FL 33444

New Mailing Address:

31160 SW 195 AVENUE
HOMESTEAD, FL 33033

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

1031 EXCHANGE CORPORATION
ATTN: SUSAN N. MILLS
205 N.E. 5TH TERRACE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

LYNN, SANDRA T
830 NORTH KROME AVENUE
HOMESTEAD, FL 33030 US

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.

SIGNATURE: SANDRA T. LYNN

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: 1031 EXCHANGE CORPOR, ATION
Address: 205 N.E. 5TH TERRACE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CORNELIUS, ROBERT A
Address: 31160 SW 195 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. CORNELIUS

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date