

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111052

FILED
May 08, 2007
Secretary of State

Entity Name: JAKE PLANTATION PARTNERS LLC

Current Principal Place of Business:

C/O STEVEN A. SCIARETTA, ESQ.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Principal Place of Business:

C/O ALLISON SHAPIRO
1441 S.W. 106TH TERRACE
DAVIE, FL 33324

Current Mailing Address:

C/O STEVEN A. SCIARETTA, ESQ.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Mailing Address:

C/O ALLISON SHAPIRO
1441 S.W. 106TH TERRACE
DAVIE, FL 33324

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

SCIARETTA, STEVEN A P.A.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SHAPIRO, ALLISON J
1441 S.W. 106TH TERRACE
DAVIE, FL 33324 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: ALLISON SHAPIRO

05/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCARRETTA, STEVEN A ESQ.
Address: 2799 NW BOCA RATON BLVD., SUITE 203
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAPIRO, ALLISON J
Address: 1441 S.W. 106TH TERRACE
City-St-Zip: DAVIE, FL 33324

Title: MGRM () Change (X) Addition
Name: ELYSE, GOLDFARB S
Address: 10923 N.W. 9TH COURT
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Change (X) Addition
Name: SHAPIRO, KIMBERLY S
Address: 941 COCO PLUM WAY
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Change (X) Addition
Name: SAMTER, JENNIFER L
Address: 17841 GREEN WILLOW DRIVE
City-St-Zip: TAMPA, FL 33647

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: ALLISON SHAPIRO

MGRM

05/08/2007

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