

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111052

FILED
Jun 25, 2011
Secretary of State

Entity Name: JAKE PLANTATION PARTNERS LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O ALLISON SHAPIRO
14414 S.W. 106TH TERRACE
DAVIE, FL 33324

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

I hereby 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

06/25/2011

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