

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033412

Entity Name: PLANTATION BLVD. LLC

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

412 ALTALOMA AVE.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

412 ALTALOMA AVE.
ORLANDO, FL 32803 US

New Mailing Address:

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:

HENRY, MICAH J
412 ALTALOMA AVE
ORLANDO, FL 32803 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 () Delete
Name: HENRY, MICAH J
Address: 412 ALTALOMA AVE.
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM () Delete
Name: OSBORN, DAVID G
Address: 8220 S.W. 159ST.
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: MGRM () Delete
Name: OSBORN, DARYLE
Address: 8220 S.W. 159ST
City-St-Zip: PALMETTO BAY, FL 33157 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID G. OSBORN

MGRM

05/11/2009

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