2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State

					-		/ 		au
DOCUMENT # L98000002419 1. Entity Name HATTLER'S PLANTATION, LLC					03-25-2004 90217 036 ****50.00				
Principal Place	e of Business	Mailing Address							
6130 SW 135 TERRACE MIAMI, FL 33156		6130 SW 135 TERRACE MIAMI, FL 33156				ZEN BRINK WONE KA	fk widde likin toi	1846 † 821 † 1881	
2. Principal Place of Business		3. Mailing Address		- Annual and a second					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272004	Chg-LLC	CR2E08	83 (10/03)		
City & State		City & State		1	4. FEI Number Applied For 65-0873277 Not Applied be				
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HATTLER, RICHARD MSA 6130 SW 135 TERR MIAMI, FL 33156				Name					
				Street Address (eet Address (P.O. Box Number is Not Acceptable)				
									·
				City			FL	Zip Code	3
	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistere	ed office or registe	red agent, or bo	oth, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registerer	d Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004						Make check payable to Florida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHESTERFIELD, CAPITAL COF 6130 SW 135 TERRACE MIAMI, FL 33156	☐ Delete RP						☐ Change	☐ Addition
TITLE		Delete	TITLE					☐ Change	Addition
NAME			NAME	e					
STREET ADDRESS CITY-ST-ZIP]								
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE