
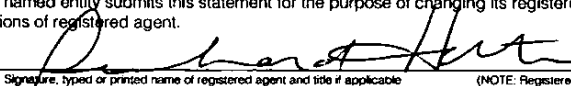



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90166 009 \*\*\*\*50.00

<b>DOCUMENT # L98000002419</b> 1. Entity Name <b>HATTLER'S PLANTATION, LLC</b>					
Principal Place of Business <b>6130 SW 135 TERRACE MIAMI, FL 33156</b>			Mailing Address <b>6130 SW 135 TERRACE MIAMI, FL 33156</b>		
<i>New Address</i>					
2. Principal Place of Business - No P.O. Box # <b>467 Menendez Ave</b>		3. Mailing Address <b>467 Menendez Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Coral Gables FL</b>		City & State <b>Coral Gables</b>		4. FEI Number <b>65-0873277</b>	
Zip <b>33146</b>		Country <b>MIAMI-DADE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HATTLER, RICHARD MSA 6130 SW 135 TERR MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name <b>RICHARD MSA. HATTLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>467 Menendez Avenue</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>3/7/07</b> <small>DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHESTERFIELD, CAPITAL CORP 6130 SW 135 TERRACE MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR chesterfield Capital Corp. 467 MENENDEZ Ave Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3/7/07</b> Telephone # <b>305 661-4650</b>		