2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L9900000344

FILED Feb 22, 2005 8:00 am Secretary of State

1. Entity Nam PLANTAT	e TON PLAZA L.L.C.								
Principal Place of Business P.O. BOX 22822 TAMPA, FL 33622		Mailing Address P.O. BOX 22822 TAMPA, FL 33622		1.0					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0216	2005 Cr	ng-LLC	CR2E08	3 (10/03)	
City & State		City & State		ľ	Number -3552962	2		No	plied For t Applicable
Zip	Country	Zip	Country		tificate of Sta		U É	5.00 Add ee Require	
	6. Name and Address of Current I	Registered Agent_		7. Nап	ne and Addr	ess of New R	egistered Ag	ent -	
			Name						
FERNANDEZ, JOHN 3301 BAYSHORE BLVD., #504 TAMPA, FL 33629		Street At		ddress (P.O. Box	ess (P.O. Box Number is Not Acceptable)				
			City	, ,			FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	registered agent	, or both, in t	he State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signal	ure required when reinst	ating) , ' '		DATE .		· 1 .
Fi	Signature, typed or printed name of registered agent a silling Fee is \$50.00 ue by May 1, 2005	nd title if applicable	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second of th	ating) , r r	Mak	DATE e check pa i Departmen	yable to	**** 1 3** *********** *
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11. Thereby 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 his report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED IN THE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

Date Daytime Phone #

and professional engage of personal control of the