2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000463

Address:

City-St-Zip:

888 SE THRID AVE. 501

FORT LAUDERDALE, FL 33316

Entity Name: PLANTATION PROPERTIES OF BROWARD, L.L.C.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 888 SOUTHEAST THIRD AVENUE, SUITE 501 888 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33316 501 FORT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 888 SOUTHEAST THIRD AVENUE, SUITE 501 888 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33316 501 FORT LAUDERDALE, FL 33316 FEI Number: 65-0880457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORMAN, M. AUSTIN FORMAN, M. AUSTIN 888 SOUTHEAST THIRD AVENUE, SUITE 501 888 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 US 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: 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete Name: FORMAN, M. AUSTIN Name: 888 SOUTHEAST THIRD AVENUE, SUITE 501 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MURPHY, WILLIAM M Name: Address: 4300 N UNIVERSITY DRIVE, SUITE D-103 Address: City-St-Zip: LAUDERHILL, FL 33351 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FORMAN, H. COLLINS JR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: M AUSTIN FORMAN MGR 04/30/2009