

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90292 032 ****50.00

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03102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L99000000516					
1. Entity Name PLANTATION YACHT HARBOR MANAGEMENT COMPANY, L.L.C.					
Principal Place of Business 2000 S. DIXIE HWY., SUITE 100 MIAMI, FL 33133			Mailing Address 2000 S. DIXIE HWY., SUITE 100 MIAMI, FL 33133		
2. Principal Place of Business 2665 S. Bayshore Dr Suite, Apt. #, etc. PH11A City & State Miami FL Zip 33133 Country USA		3. Mailing Address SAME AS Principal Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0830851		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ASHBEL, BOAZ 2665 SOUTH BAYSHORE DRIVE, PH-2A COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, EZRA 2665 S BAYSHORE DR, PH-2A COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHBEL, BOAZ 2000 S DIXIE HWY #100 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 S. Bayshore Dr. PH11A Miami FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, JOSEPH 2000 S DIXIE HWY #100 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 S. Bayshore Dr. PH11A Miami FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: EZRA KATZ 3/18/15 (305) 854-5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					