


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 020 \*\*\*\*55.00

DOCUMENT # M02000000857 1. Entity Name 4118 SOUTH SEAS PLANTATION LLC	
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Principal Place of Business 58-18 64TH STREET MASPETH, NY 11378	Mailing Address 58-18 64TH STREET MASPETH, NY 11378
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**DO NOT WRITE IN THIS SPACE**

07212005No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2995031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ARENA, PETER  
4118 SOUTH SEAS PLANTATION ROAD #109  
BUILDING C  
CAPTIVA ISLAND, FL 33224

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 7/22/05

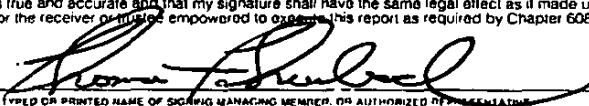
Signature used to printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARENA, PETER 48-18 64TH STREET, PO BOX 780131 MASPETH, NY 11378
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEHRENBACH, THOMAS 58-18 64TH STREET, PO BOX 780131 MASPETH, NY 11378
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE