


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001703 1. Entity Name PLANTATION HOLDING, L.L.C.	
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Principal Place of Business 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103	Mailing Address 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 73-1574297	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 MURDOCH, ROBERT E C/O JOHNSON, ANSELMO, MURDOCH, BURKE & GEO 790 EAST BROWARD BLVD., SUITE 400 FT. LAUDERDALE, FL 33301

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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.

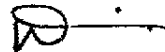
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHPORT HOLDING CORP. 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103
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<p>000000009226 01/21/04-80002-015 50.00</p> 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 606, Florida Statutes.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/14/04 <small>Date</small>	918-583-0938 <small>Daytime Phone #</small>
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