


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000026441**  
 1. Entity Name  
**RECOM PLANTATION, LLC**



Principal Place of Business 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134	Mailing Address 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2560763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DIAZ, RENE ESQ  
 2 ALHAMBRA PLAZA, SUITE 860  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (file if applicable)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, RENE 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, JESUS E 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON, CARLOS E 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILA, OSCAR J III 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/07-80018-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1/16/07** **(305) 461-4888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #