

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000042662**  
 1. Entity Name  
 PLANTATION COVE INVESTORS, LLC



Principal Place of Business  
 1517 SE 24TH TERRACE  
 OCALA, FL 34471

Mailing Address  
 1517 SE 24TH TERRACE  
 OCALA, FL 34471



01262006 No Chg-LLC CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-1416220 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MUSSELMAN, ROD W  
 1517 SE 24TH TERRACE  
 OCALA, FL 34471

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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSSELMAN, ROD W 1517 SE 24TH TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALAMAR CAPITAL PARTNERS, LLC P.O. BOX 6767 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH P.O. BOX 2495 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/06-80035-023 50.00

**DO NOT WRITE IN THIS SPACE**

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: Ken Kirkpatrick 2/9/06 352/369-9881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #