

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90206 023 ***138.75

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

60012609



2. Principal Place of Business - No P.O. Box #
2605 SW 33rd St.

3. Mailing Address
P.O. Box 2495

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

02252008 Chg-LLC CR2E083 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
20-1416220

Applied For
Not Applicable

Zip
34471

Country
USA

Zip
34471

Country
USA

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

7. Name and Address of New Registered Agent

Name
Kirkpatrick, Kenneth
Street Address (P.O. Box Number is Not Acceptable)
2605 SW 33rd St., Suite 200
City
Ocala FL Zip Code
34471

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSSELMAN, ROD W 1517 SE 24TH TERRACE OCALA, FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALAMAR CAPITAL PARTNERS, LLC P.O. BOX 6767 OCALA, FL 34478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH P.O. BOX 2495 OCALA, FL 34478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5252 Vista Point Drive Maineville, OH 45039	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5252 Vista Point Drive Maineville, OH 45039	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

Kenneth Kirkpatrick 2/25/08 352/482-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #