2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DC/CUMENT # L01000018703

1. Entity Name

HALES PLACE PLANTATION, LLC



FILED Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

15647 HALES PLACE PLANTATION ROAD TALLAHASSEE, FL 32312

15647 HALES PLACE PLANTATION ROAD TALLAHASSEE, FL 32312



DO NOT WRITE IN THIS SPACE

02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3759979

Applied For Not Applied:

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SMITH, W. CRIT 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar w	ith, and accep
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rigistical Agent signature required when reinstaling) DATE	
Filing Fee is \$50.00 Due by May 1, 2006		U00000445327 03/07/06-80041-002 50	. 00
9. TITLE NAME STREET ADDRESS GITY-ST-ZIP HITLE NAME STREET ADDRESS GITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM ROBERTS, C.W. III 15647 HALES PLACE PLANTATION ROAD TALLAHASSEE, FL 32312		
THTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DO NOT WRITE IN THIS SPACE	
STREET AGORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-S1-ZIP			1.

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:

Charles W. Roberts

2/6/06

850-379-8116