

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000006300	
1. Entity Name SOUTH PRONG PLANTATION, L.L.C.	

Principal Place of Business 12469 W SR 100 LAKE BUTLER, FL 32054	Mailing Address P.O. BOX 238 LAKE BUTLER, FL 32054
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 04-3625095	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTS, AVERY C 12469 W SR 100 LAKE BUTLER, FL 32054
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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 _____
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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

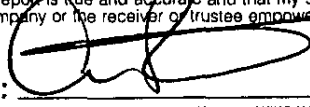
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, GARY 2361 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHADD, JOHN L PO BOX 506 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRANT, WILLIAM P PO BOX 4548 JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, AVERY 12469 W SR 100 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/27/08-80007-019 143.75

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: 	2-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #