


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000017360 1. Entity Name PLANTATION OAKS OF ORMOND BEACH, LLC	
---	---

Principal Place of Business 131-B BUSINESS CENTER DR STE 11 ORMOND BEACH, FL 32174	Mailing Address PO BOX 1626 ORMOND BEACH, FL 32175
--	--

DO NOT WRITE IN THIS SPACE



03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1687023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TUMBLESON, J. DOYLE ESQ. 150 S. PALMETTO AVE. SUITE A DAYTONA BEACH, FL 32114

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

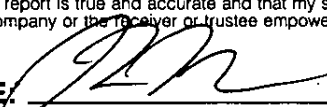
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000873091
04/10/08-80065-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEDSOE, JAMES R 131-B BUSINESS CENTER DR STE 11 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYCHENBERG, PARKER K 131-B BUSINESS CENTER DR STE 11 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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  **JAMES RONNIE BLEDSOE** **03/25/09** **386-676-1501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #