

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90590 042 \*\*\*\*50.00

DOCUMENT # L03000030723  
 1. Entity Name  
 THE LANDING AT PANACEA, LLC



Principal Place of Business  
 350 OLD BOSTON ROAD  
 THOMASVILLE, GA 31758

Mailing Address  
 P.O. BOX 5768  
 THOMASVILLE, GA 31758

20020209



2. Principal Place of Business  
 1160 Coastal Hwy  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02222005 Chg-LLC CR2E083 (10/03)

City & State  
 Panacea, FL 32346

City & State

Zip  
 32346

Country

4. FEI Number  
 -APPLIED FOR- 04-3770439

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GARDNER, CHARLES R  
 1300 THOMASWOOD DRIVE  
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

Filing Fee is \$50.00  
 Due by May 1, 2005

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
 NAME MITCHELL, EMMETT III  
 STREET ADDRESS 350 OLD BOSTON ROAD  
 CITY-ST-ZIP THOMASVILLE, GA 31758

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME MGR  
 STREET ADDRESS Rhonda M. Griffin  
 CITY-ST-ZIP P.O. Box 787  
 Panacea, FL 32346

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rhonda Griffin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #