


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000052899 1. Entity Name FRIENDS OF SAN BLAS PLANTATION, LLC	
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Principal Place of Business 313 SANDPIPER ROAD PORT ST. JOE, FL 32456 US	Mailing Address 313 SANDPIPER ROAD PORT ST. JOE, FL 32456 US
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03112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1464107	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SWIDER, NANCY 313 SANDPIPER ROAD PORT ST. JOE, FL 32456
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURD, PHILIP R MD 6 WALKER BRANCH RD. SAND GAP, KY 40481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURD, TERRIE J 6 WALKER BRANCH RD. SAND GAP, KY 40481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWIDER, NANCY 313 SANDPIPER ROAD PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATKE, GEORGE 2278 SMOKEY HOLLOW RD LODI, WI 53555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATZKE, NANCY 2278 SMOKEY HOLLOW RD LODI, WI 53555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, SUSAN E 106 PLOVER PORT SAINT JOE, FL 32456

U00000674037
03/29/07-80052-017 50.00

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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: Nancy Swider NANCY SWIDER 3/17/07 850-227-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #