

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90053 008 ****50.00

DOCUMENT # L03000057379 1. Entity Name PLANTATION OAKS DEVELOPMENT, LLC					
Principal Place of Business 105 TRUXTON AVENUE FORT WALTON BEACH, FL 32547			Mailing Address P. O. BOX 2492 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 731 Suite, Apt. #, etc.			
City & State		City & State MARY ESTHER, FL		4. FEI Number 20-0603320	
Zip	Country	Zip 32549	Country OKALOOSA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUANE, CLARK D 750 HIGHWAY 98 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name DUANE D. CLARK Street Address (P.O. Box Number is Not Acceptable) 127 HIGHWAY 98 EAST, SUITE 4A City DESTIN FL Zip Code 32541	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRACY ACREE CONSTRUCTION, INC. 105 TRUXTON AVENUE FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:				Date 4/17/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # (850) 685-1180	