

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90031 018 ****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 731
MARY ESTHER FL 32549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0603320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUANE, CLARK D
127 HWY 98 EAST
STE 4A
DESTIN FL 32341

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restateing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME TRACY ACREE CONSTRUCTION, INC.
STREET ADDRESS 105 TRUXTON AVENUE
CITY-ST-ZIP FORT WALTON BEACH FL 32549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME ACQUISITIONS OF NW FL, INC
STREET ADDRESS P.O. BOX 731
CITY-ST-ZIP MARY ESTHER, FL 32549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TRACY ACREE

Date

Daytime Phone #

4/29/2005 850/862-4389