2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000057379

1. Entity Name

PLANTATION OAKS DEVELOPMENT, LLC

20008429

FILED

Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90027 022 ****50.00

Principal Place of Business 105 TRUXTON AVENUE

FORT WALTON BEACH, FL 32547

Mailing Address

P. O. BOX 731

MARY ESTHER, FL 32549



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0603320

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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 reinstating)

CATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TRACY ACREE CONSTRUCTION, INC.
STREET ADDRESS	105 TRUXTON AVENUE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32549
TITLE	MGRM
NAME	ACQUISTIONS OF NW FL., INC
STREET ADORESS	P.O. BOX 731
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
ÇITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
ÇITY-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:

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

4/18/2007

850/685-11PO

•

Daytime Phone #