
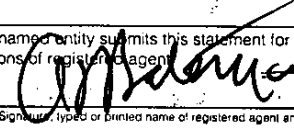
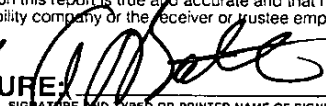


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90406 033 \*\*\*138.75

<b>DOCUMENT # L04000005018</b> 1. Entity Name <b>DESOTO PLANTATION, LLC</b>					
Principal Place of Business <b>2245 VENETIAN CT BUILDING 4 NAPLES, FL 34109 US</b>			Mailing Address <b>2245 VENETIAN CT BUILDING 4 NAPLES, FL 34109 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7869 Hawthorne Drive</b>		3. Mailing Address <b>P.O. Box 12169</b>			
Suite, Apt. #, etc. <b>Unit # 302</b>		Suite, Apt. #, etc.			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>20-0625360</b>	
Zip <b>34113</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATEMAN, ARTHUR L 2245 VENETIAN CT BUILDING 4 NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name <b>Bateman, Arthur L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7869 Hawthorne Drive</b> Unit # <b>302</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34113</b>		
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  <b>A.L. Bateman, President</b> <b>12/22/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RYAN, JOSEPH</b> <input type="checkbox"/> Delete <b>1880 N. BAHAMA AVENUE</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BATEMAN, ARTHUR L</b> <input type="checkbox"/> Delete <b>2245 VENETIAN CT., BLDG 4</b> <b>NAPLES, FL 34109</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Bateman, Arthur L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7869 Hawthorne Drive, Unit 302</b> <b>Naples, FL 34113</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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  <b>A.L. Bateman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>12/22/08</b> <b>(239) 793-8990</b> <small>Date Daytime Phone #</small>		