2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000007339

FORAKER PROPERTIES PLANNER, LLC

TITLE NAME

STREET ADDRESS

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90053 039 ****50.00

☐ Change

■ Addition

			CO 84 18				
Principal Place of Business 56 SPIRES LANE 14A SANTA ROSA BEACH, FL 32459		Mailing Address 56 SPIRES LANE 14A SANTA ROSA BEACH, FL 32459			20051310		
2. Principal Place of Business		3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Numb	er 446942	1—1—	plied For t Applicable
Zip	Country	Zip C	ountry	5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and	d Address of New Regi	stered Agent	
			Name		•		
MCCULLAR, ROBERT L 56 SPIRES LANE			Street Add	ress (P.O. Box Numb	per is Not Acceptable)		·
14A	33.112						
SANTA RO	OSA BEACH, FL 32459						
	E Y		City			FL Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or re	gistered agent, or bo	oth, in the State of Florid	a. I am familiar with,	and accept
SIGNATURE:							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Fiorida Department of State		
9. MANAGING MEMBER		S/MANAGERS 10.			ADDITIONS/CHANGES		
TITLE NAME	MGRM FORAKER, DARRELL D SR.	DV-040	TITLE NAME			☐ Change	Addition
STREET ADDRESS	3317 BRIDLINGTON RD.		STREET ADDRESS				
CITY-ST-ZIP	LEXINGTON, KY 40509	, , , , , , , , , , , , , , , , , , ,	CITY-ST-ZIP			•	
TITLE		☐ Defete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME			TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		1	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				<u> </u>
TITLE			TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: David Double Signature and typed on Printed Name of Signature Managing Member, Member, Managing M