

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008127

FILED
Apr 17, 2007
Secretary of State

Entity Name: INDIAN PALMS PARTNERS, LLC

Current Principal Place of Business:

P.O. BOX 1090
PORT. ST. JOE, FL 32457 US

New Principal Place of Business:

349 HAVEN ROAD
PORT. ST. JOE, FL 32457 US

Current Mailing Address:

P.O. BOX 1090
PORT. ST. JOE, FL 32457 US

New Mailing Address:

349 HAVEN ROAD
PORT. ST. JOE, FL 32457 US

FEI Number: 59-3773194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANNON, FRANK D
Address: 5075 MINOLA RD
City-St-Zip: LITHONIA, GA 30038 US

Title: MGRM () Delete
Name: WELLS, THOMAS
Address: 6084 OLD SYCAMORE RD.
City-St-Zip: BUFORD, GA 30518 US

Title: MGRM () Delete
Name: NEWMAN, GEORGE S JR.
Address: 8848 HIGHWAY 98
City-St-Zip: PORT ST. JOE, FL 32456 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK D CANNON

MGRM

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date