

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028912

FILED
Feb 25, 2008
Secretary of State

Entity Name: FORT PLANTATION INVESTMENTS LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE S
SUITE 304
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE S
SUITE 304 A
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE S
SUITE 304
ST. AUGUSTINE, FL 32080

New Mailing Address:

1301 PLANTATION ISLAND DRIVE S
SUITE 304 A
ST. AUGUSTINE, FL 32080

FEI Number: 06-1743078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M
712 SOUTH OREGON AVE.
TAMPA, FL 336062543 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: MGR () Delete
Name: FORT, DAVID H
Address: 7875 SOUTH A1A
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR () Delete
Name: FORT, CLAUDIA A
Address: 7875 SOUTH A1A
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORT, DAVID H
Address: 7875 A1A S
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR (X) Change () Addition
Name: FORT, CLAUDIA A
Address: 7875 A1A S
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDIA A. FORT

MGR

02/25/2008

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