

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000037994

1. Entity Name
OAK GROVE PLANTATION, LLC



Principal Place of Business
**151 SE LAKESHORE DR
MADISON, FL 32340**

Mailing Address
**151 SE LAKESHORE DR
MADISON, FL 32340**



03272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2708915

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, HENRY N
420 LAKE SHORE DRIVE
MADISON, FL 32340**

**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) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, HENRY N
420 LAKE SHORE DRIVE
MADISON, FL 32340**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, J.B.
151 SE LAKESHORE DR
MADISON, FL 32340**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/08/07-80022-024 50.00

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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: Henry N Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-23-07 973-2215