


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90041 021 ****50.00

| | |
|--|---|
| DOCUMENT # L05000118466 |  |
| 1. Entity Name PLUMMER INVESTMENT GROUP, LLC | |

| | |
|--|--|
| Principal Place of Business 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 | Mailing Address 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



03202007 Chg-LLC CR2E083 (12/06)

| | |
|---------------------------------|----------------|
| 4. FEI Number 20-5227540 | Applied For |
| NOT APPLICABLE | Not Applicable |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

MILLER, FRANK E
245 RIVERSIDE AVENUE
STE. 400
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE MGRM | <input checked="" type="checkbox"/> Delete |
| NAME RITTER, LEWIS L | |
| STREET ADDRESS 1914 ART MUSEUM DRIVE | |
| CITY-ST-ZIP JACKSONVILLE, FL 32207 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME LAWRENCE R. TOWERS | |
| STREET ADDRESS 1914 ART MUSEUM DR. | |
| CITY-ST-ZIP JACKSONVILLE, FL 32207 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Lawrence R. Towers* 4-16-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #