

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 046 ****50.00

DOCUMENT # L06000017607

1. Entity Name
IRIS COURT PLANTATION, LLC



Principal Place of Business
**1105 WEST HOWARD STREET
LIVE OAK, FL 32064**

Mailing Address
**1105 WEST HOWARD STREET
LIVE OAK, FL 32064**



2. Principal Place of Business - No P.O. Box #
2831 N.W. 41 STREET

3. Mailing Address
2831 N.W. 41 STREET

Suite, Apt. #, etc.
SUITE D

Suite, Apt. #, etc.
SUITE D

01162007 Chg-LLC CR2E083 (12/06)

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number
06-1769477 Applied For
Not Applicable

Zip
32606

Country
USA

Zip
32606

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, JOHN W
1105 WEST HOWARD STREET
LIVE OAK, FL 32064**

Name
C. FREDERICK THOMPSON

Street Address (P.O. Box Number is Not Acceptable)
2831 N.W. 41 STREET - SUITE D

City
GAINESVILLE

FL

Zip Code
32606

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

3/14/07

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGR ☒ Delete
NAME
HILL, JOHN W
STREET ADDRESS
1105 WEST HOWARD STREET
CITY-ST-ZIP
LIVE OAK, FL 32064

TITLE
MGR ☐ Change ☒ Addition
NAME
C. FREDERICK THOMPSON
STREET ADDRESS
2831 N.W. 41 STREET - SUITE D
CITY-ST-ZIP
GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/14/07