

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000017805

1. Entity Name

PLANTATION ISLAND PARTNERS, LLC



Principal Place of Business

1301 PLANTATION ISLAND DR SOUTH
SUITE 303A
SAINT AUGUSTINE, FL 32080

Mailing Address

1301 PLANTATION ISLAND DR SOUTH
SUITE 303A
SAINT AUGUSTINE, FL 32080



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0567577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PACETTI, RONALD N
2730 US 1 SOUTH, SUITE N
ST. AUGUSTINE, FL 32086

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000778897
01/11/08-80015-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PACETTI, RONALD N
STREET ADDRESS 1301 PLANTATION ISLAND DR S.#303A
CITY- ST- ZIP SAINT AUGUSTINE, FL 32080

TITLE MGRM
NAME PACETTI, RANDALL A
STREET ADDRESS 1301 PLANTATION ISLAND DR S. #303A
CITY- ST- ZIP SAINT AUGUSTINE, FL 32080

TITLE MGRM
NAME KEMP, T.B.
STREET ADDRESS 1301 PLANTATION ISLAND DR S. #303A
CITY- ST- ZIP SAINT AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
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:

Ronald N. Pacetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-8-08

Date

Daytime Phone #