

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028088

FILED
Apr 24, 2008
Secretary of State

Entity Name: TANAGER PINES PLANTATION, LLC

Current Principal Place of Business:

501 EAST MARY ESTHER CUTOFF
REGENCY WEST OFFICE SUITE 4
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

4507 FURLING LANE
THE PLAZA, SUITE 114
DESTIN, FL 32541 US

Current Mailing Address:

PO BOX 1205
SHALIMAR, FL 32579

New Mailing Address:

4507 FURLING LANE
THE PLAZA, SUITE 114
DESTIN, FL 32541 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHIREY, JASON P
501 EAST MARY ESTHER CUTOFF
REGENCY WEST OFFICE SUITE 4
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

SHIREY, JASON P
4507 FURLING LANE
THE PLAZA, SUITE 114
DESTIN, FL 32541 US

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: JASON P SHIREY

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIREY, JASON P
Address: 501 EAST MARY ESTHER CUTOFF SUITE 4
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHIREY, JASON P
Address: 4507 FURLING LANE, THE PLAZA SUITE 114
City-St-Zip: DESTIN, FL 32541 US

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: JASON P SHIREY

MGR

04/24/2008

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