
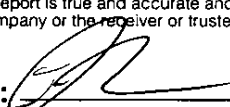


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90170 025 ***138.75

DOCUMENT # L07000039141					
1. Entity Name CASCADES AT HALIFAX PLANTATION, LLC					
Principal Place of Business 131 BUSINESS CENTER DRIVE SUITE 11-B ORMOND BEACH, FL 32174			Mailing Address 131 BUSINESS CENTER DRIVE SUITE 11-B ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 1626			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORMOND BEACH, FL		4. FEI Number 20-8823811	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32175		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TUMBLESON, J. DOYLE 150-A SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEDSE, J. RONNIE 131 BUSINESS CENTER DRIVE, SUITE 11-B ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYNCHENBERG, PARKER K 1729 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEDSE, J. RONNIE 131 BUSINESS CENTER DRIVE, SUITE 11-B ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYNCHENBERG, PARKER K 1729 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	<input type="checkbox"/> Delete			
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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: 		JAMES RONNIE BLEDSOE		03/25/08 386-676-1501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					