

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118914

Entity Name: PLUMMER GRANT, L.L.C.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

FEI Number: 61-1631022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARDS, MABRY - JR.  
414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOOD, SUSAN D  
Address: 414 OLD HARD ROAD, SUITE 502  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: TCFO  
Name: EDWARDS, MABRY - JR.  
Address: 414 OLD HARD ROAD, SUITE 502  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: S  
Name: SPENCER, SANDRA S  
Address: 414 OLD HARD ROAD, SUITE 502  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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: SUSAN D. WOOD

MGRM

04/18/2011

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