

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000458 GRAMERCY PLANTATION, L.C. 212 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328
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FILED
92 JUN -1 PM 5:00

1a. Principal Place of Business Address 212 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328

2 Principal Place of Business 119 Franklin Blvd. Suite, Apt. #, etc. City & State St. George Isl. FL Zip 32328 Country USA	2a. Mailing Address 119 Franklin Blvd. Suite, Apt. #, etc. City & State St. George Island FL Zip 32328 Country Franklin
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3. Date Organized or Qualified 04/23/1996	3a. State of Formation FL
4. FEI Number 59-3379731	☐ Applied For ☐ Not Applicable
5. Date of Last Report 03/30/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required ☐

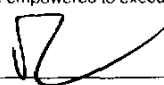
7. Name and Address of Current Registered Agent TUCKER, J. KENDRICK 106 E. COLLEGE AVE. HIGHPOINT CENTER, SUITE 900 TALLAHASSEE FL 32301
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002899775--2 Suite, Apt. #, etc. -06/09/99--01077--004 ****588.75 ****588.75 City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOT: Registered Agent's signature required when consulting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KADIS, GERALD N	789 PINEY WOODS FARM	THOMASVILLE GA
MEM	KADIS, VIVIAN A	789 PINEY WOODS FARM	THOMASVILLE GA
MEM	JACOB, W.M.	PO BOX 1607	GRIFFIN GA
MEM	JACOB, THERESA L	PO BOX 1607	GRIFFIN GA
MEM	BILLY SCHULTZ, INC.	1195 ROTTENWOOD DR., #170	MARIETTA GA
MEM	BOYD, DONALD L	159 SANDY BEACH RD.	LEESBURG GA

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.
SIGNATURE:  5/21/99