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

FILED
99 JUN -1 PM 5:00

FILING FEE $ 188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee** **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000000458

GRAMERCY PLANTATION, L.C.
212 FRANKLIN BLVD.
ST. GEORGE ISLAND FL 32328

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

2 Principal Place of Business	2a. Mailing Address
119 Franklin Blvd.	119 FRANKLIN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. George Isl. FL	City & State: St. George Island FL
Zip: 32328 Country: USA	Zip: 32328 Country: Franklin

3. Date Organized or Qualified	3a. State of Formation
04/23/1996	FL

4. FEI Number: 59-3379731 ☐ Applied For ☐ Not Applicable

5. Date of Last Report	6. Certificate of Status Desired
03/30/1998	$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
TUCKER, J. KENDRICK 106 E. COLLEGE AVE. HIGHPOINT CENTER, SUITE 900 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code

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-06/03/99--01077--004
****588.75 ****588.75

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) (NOTE: Registered Agent's signature required when reinstating)

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: _____ 5/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)