2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR 26 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000458

1. Entity Name

GRAMERCY PLANTATION, L.C.

Principal Place of Business	Mailing Address
119 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328	119 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328-2839

DO NOT WRITE IN THIS SPACE

mmm

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER, J. KENDRICK 106 E. COLLEGE AVE. HIGHPOINT CENTER, SUITE 900 TALLAHASSEE FL 32301	Name OLIVIER MONOD Street Address (P.O. Box Number is Not Acceptable) 119 FRANKLIN BOULEVARD City ST. GEORGE ISLAND FL Zip Code 32328

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.

SIGNATURE OLIVIER MONOD 4/20/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM KADIS, GERALD N 789 PINEY WOODS FARM THOMASVILLE GA 31792 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003245428--4 -05/09/00--01118--006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM KADIS, VIVIAN A 789 PINEY WOODS FARM THOMASVILLE GA 31792 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 *****50.00 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM JACOB, W.M. PO BOX 1607 GRIFFIN GA 30224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM JACOB, THERESA L PO BOX 1607 GRIFFIN GA 30224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BILLY SCHULTZ, INC. 1195 ROTTENWOOD DR., #170 MARIETTA GA 30067 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BOYD, DONALD L 159 SANDY BEACH RD. LEESBURG GA 31763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

11. I 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 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: OLIVIER MONOD, PRESIDENT SIGNATURE REMANS, INC., MEMBER-MANAGER 4/20/2000 850-653-7949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #