2001 UNIFORM BUSINESS/REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCL	MENT# LOCO	0000450								
DOCUMENT # L9600000458 1. Entity Name GRAMERCY PLANTATION, L.C.						FILED				
···						OLFEBI3 AMII:15				
Principal Plac				·						
119 FRANKLIN BLVD. 119 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328 ST. GEORGE ISLAND FL 3			32328			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
• •=••						i				
Principal Place of Business 3. Mailing Address				 -					ai 16. 1.119 : 1011 1.01 1.101 1.101 1.01	
Suite, Apt. #, etc. Suite, Apt. #,			#, etc.			. DO NOT WRITE IN THIS SPACE				
	<u> </u>									
City & State City & State							59-3379731 _		Applied For Not Applicable	
Zip	Country Zip		Country			5. Certif	icate of Status Desired	□ \$5.00 Fee Rec	Additional ouired	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent					
OLIVER, MONOD						_				
119 FRANKLIN BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)					
ST. GEORGE ISLAND FL 32328				-02/19/0101031025						
				City			*****5	○. (#1)_ *****	9045(). ()()	
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State										
9.	MANAGING MEMBE		10.	•			ADDITIONS/CH	MAIOEC		
TITLE	MEM	Delete	TITLE		ME	A	ADDITIONS) CF	Cha	nge X Addition	
NAME	KADIS, GERALD N TRUSTEE		NAM	=	Elok	n Bu	tzbaush, Jr.			
STREET ADDRESS CITY-ST-ZIP	789 PINEY WOODS FARM LN, RT	Г. 2	1	ET ADDRESS -St-Zip	3/6/	Vain	tzbaugh, Jr. st. 1, MJ : 49085	-		
TITLE	THOMASVILLE GA 31792 MEM	□ Delete	TITLE	<u> </u>	MEN			. □ Cha	nge 🔽 Addition	
NAME	KADIS, VIVIAN A		NAM	E	Gans	+ Ka	thy Gueltzon) –	, ,	
STREET ADDRESS CITY-ST-ZIP	709 FINE! WOODS FARM LN, RI. 2			ET ADDRESS -ST-ZIP	2115	KIO D	eJaneiro Ave My PL 3302	1-		
TITLE	THOMASVILLE GA 31792 MEM	Delete	TITUE		MEM	U U	y, 14 3302	Cha	nge Addition	
NAME	GRIFFIN RADIOLOGY PROFIT ASSOC.			E	TEA				~ - '	
STREET ADDRESS CITY-ST-ZIP) 303 N. FINE FILL TU.			ET ADDRESS - ST- ZIP	Kow	e_1, e	30x 25 <u>11,64 31786</u>	,	}	
TITLE	MEM	☐ Delete	TITLE				•	E3 01	nge Addition	
NAME	JACOB, TERESA L		NAM	E	Panha	indle i	Tire Distributors	s, inc.		
STREET ADDRESS CITY-ST-ZIP	535 N. PINE HILL RD. GRIFFIN GA 30223			ET ADORESS -ST-ZIP	P.O. 6	30× 5	83 , 6. 32328			
TITLE	MEM	☐ Delete	TITLE		- F#		A Company of the Comp	Cha	nge Addition	
NAME	SHULTZ PARTNERS, L.P.		NAM	-	Dale	CA	nderson—" If Beach Br.			
CITY-ST-ZIP) 3000 FACES MILL ND.			ET ADDRESS - ST-ZIP	105 15+6	e ou	e Island, n	32328	(
TITLE	MEM	○ Delete	TITLE		MEM			☐ Cha		
NAME STREET ALGRESS	BOYD, DONALD L		NAM	e Et address	Dr. J.	rimes	N. Bachrach	N		
CITY-ST-ZIP	159 Sandy Beach Rd. Leesburg ga 31763		^ ■	-ST-ZIP	Aib	OW.	16A 31701	-//	<i>'</i>	
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: SIGNATURE REQUIRED 2/9/01 850-927-3331										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #										