~~2006~~ LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L96000000458

1. Entity Name
GRAMERCY PLANTATION, L.C.

Principal Place of Business	Mailing Address
119 FRANKLIN BLVD. ST. GEORGE ISLAND, FL 32328	PO BOX 250 APALACHICOLA, FL 32329

04072006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

OLIVIER, MONOD
82 SIXTH STREET
APALACHICOLA, FL 32320

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7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KADIS, GERALD N TRUSTEE
STREET ADDRESS	789 PINEY WOODS FARM LN, RT. 2
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	MGR
NAME	KADIS, VIVIAN A
STREET ADDRESS	789 PINEY WOODS FARM LN, RT. 2
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	MGR
NAME	GRIFFIN RADIOLOGY PROFIT ASSOC.
STREET ADDRESS	535 N. PINE HILL RD.
CITY-ST-ZIP	GRIFFIN, GA 30223
TITLE	MGR
NAME	JACOB, TERESA L
STREET ADDRESS	535 N. PINE HILL RD.
CITY-ST-ZIP	GRIFFIN, GA 30223
TITLE	MGR
NAME	SHULTZ PARTNERS, L.P.
STREET ADDRESS	3085 PACES MILL RD.
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	MGR
NAME	BOYD, DONALD L
STREET ADDRESS	159 SANDY BEACH RD.
CITY-ST-ZIP	LEESBURG, GA 31763

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04/27/06-80046-019 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #