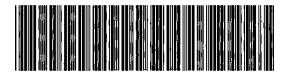
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(Requestor's Name)			
(Address) .			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



August 29, 2006

JAMES BACHRACH PO BOX 271 APALACHICOLA, FL 32320

SUBJECT: GRAMERCY PLANTATION, L.C.

Ref. Number: L9600000458

We have received your document for GRAMERCY PLANTATION, L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Letter Number: 706A00052911

Gina McLeod Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GRAMERCY PLANTATION, L.C. (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change ar	d fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
JAMES BACHRACH (Name of Person)				
GRAMERCY PLANTATION, L.C. (Firm/Company)				
PO. Box 271 (Address)				
PO. Box 271 (Address) A palachicola, Florida 32320 (City/State and Zip Code)				
For further information concerning this matter, please call:				
JAMES BACHRACH at (850 (Name of Person) (A	rea Code & Daytime Telephone Number)			
Registration Section Regist Division of Corporations Divisi Clifton Building P.O. E	LING ADDRESS: cration Section on of Corporations Box 6327 cassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ility company is	: GRAMERCY PLANTATION, L	C.	
imited liability c	ompany is : PO BOX , Al	PALACHICOLA, FL	32329
	1,96000000458	3	
Florida			
	stered office address as sho	wn on the records	of the
VIER MONOD			
	Name		
IXTH STREET		<u> </u>	
	LORIDA 32328	SECR TÁILEA	S ====================================
new registered a	agent and/or office:	HAZ.	- "i
en Fi	sh	SSEE, A	25 PM
68 Hwy	<u> 78 </u>	_ STA	?
st point, Citý,	FL State and Zip		
or changes are registered agent vention that the confirmed that the companies of the limited liability.	made, the Florida street addivill be identical. Or, in the concerning of the change (s) was/were authory or as otherwise provided in the company.	ress of the registere case of a Florida lin crized by an affirm	ed office mited ative vote
	Florida gent and the region of the street address are registered agent with the street and the street address are registered agent with the limited liability companies the limited liability.	L96000000456 Florida L96000000456 4. Document gent and the registered office address as show VIER MONOD Name IXTH STREET Address LACHICOLA, FLORIDA 32328 City, State and Zip new registered agent and/or office: Prish Name Street address (P.O. Box NOT acceptable) The City, State and Zip is not organized under the laws of the State or changes are made, the Florida street address (P.O. Box Not acceptable) The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable) Address LACHICOLA, FLORIDA 32328 City, State and Zip The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable) The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable) The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable) The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable) The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable) The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable) The City of the State or changes are made, the Florida street address (P.O. Box Not acceptable)	VIER MONOD Name IXTH STREET Address LACHICOLA, FLORIDA 32328 City, State and Zip new registered agent and/or office: Name Name Name FLORIDA 32328 City, State and Zip new registered agent and/or office: Name City, State and Zip Name FLORIDA 32328 THOUTH FL City, State and Zip is not organized under the laws of the State of Florida, it is he or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida line on firmed that the change(s) was/were authorized by an affirmaticability company or as otherwise provided in the articles of organized liability company. Additional company.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00