

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90310 014 *****55.00

DOCUMENT # L96000000458

1. Entity Name

GRAMERCY PLANTATION, L.C.



Principal Place of Business

119 FRANKLIN BLVD.
APALACHICOLA FL 32320

Mailing Address

PO BOX 250
APALACHICOLA FL 32329



2. Principal Place of Business - No P.O. Box #

268 Hwy 98

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 583
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Eastpoint FL

City & State

Eastpoint FL

4. FEI Number

59-3379731

Applied For

Not Applicable

Zip

32328

Country

USA

Zip

32328

Country

USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FISH, KEN
268 HWY 98
EAST POINT FL 32329

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

2-15-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kenneth Fish 268 Hwy 98 Eastpoint, FL 32328	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jim N Bachrach Ph.D 115 Bay Ave Apalachicola, FL 32320	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Thomas Cheek 750 Wood Duck Ct Atlanta, Ga 30327	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Thomas Allen Route 1 Box 25 Shellman Ga. 31786	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gary Gueltzow 5616 S.W. 9th Street Plantation, FL 33317	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kathy Lord 2000 S Ocean Blvd C12-J Lauderdale By The Sea, FL 33069	☐ Change ☒ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

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

Date

Daytime Phone #

2-15-07

ANNUAL REPORT (AR)

ATTACHMENT

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SIGNATURE

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(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	MGR	☐ Change ☒ Addition
NAME	Elden Butzbaugh	
STREET ADDRESS	316 Main St.	
CITY-ST-ZIP	Joseph M. 49085	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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