# 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

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 268 Hwy 98
Suite, Apt. #, etc.
City & State Eastpoint Fl.
Zip 32328 Country USA

3. Mailing Address P.O. Box 583
Suite, Apt. #, etc.
City & State Eastpoint Fl.
Zip 32328 Country USA

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**

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] 2-15-07
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 Florida Department of State**
**Due By May 1, 2007**

**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 | MGRM | ☐ Change ☑ Addition |
| NAME | Kenneth Fish | |
| STREET ADDRESS | 268 Hwy 98 | |
| CITY-ST-ZIP | East point, Fl. 32328 | |
| TITLE | MGR Jim N Bachrach Ph.D | ☐ Change ☑ Addition |
| NAME | 115 Bay Ave | |
| STREET ADDRESS | Apalachicola, Fl. 32320 | |
| CITY-ST-ZIP | | |
| TITLE | MGR Thomas Cheek | ☐ Change ☑ Addition |
| NAME | 750 Wood Duck Ct | |
| STREET ADDRESS | Atlanta, Ga. 30327 | |
| CITY-ST-ZIP | | |
| TITLE | MGR Thomas Allen | ☐ Change ☑ Addition |
| NAME | Route 1 Box 25 | |
| STREET ADDRESS | Shellman Ga. 31786 | |
| CITY-ST-ZIP | | |
| TITLE | MGR Gary Gueltzow | ☐ Change ☑ Addition |
| NAME | 5610 S.W. 9th Street | |
| STREET ADDRESS | Plantation, Fl. 33317 | |
| CITY-ST-ZIP | | |
| TITLE | MGR Kathy Lord | ☐ Change ☑ Addition |
| NAME | 2000 S Ocean Blvd C12-J | |
| STREET ADDRESS | Lauderdale By The Sea, Fl 33069 | |
| CITY-ST-ZIP | | |

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] 2-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY
# ANNUAL REPORT (AR)

ATTACHMENT

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20005387

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|---|---|
| 268 Hwy 98 | P.O. Box 583 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Eastpoint Fl. | City & State: Eastpoint Fl. |
| Zip: 32328 Country: USA | Zip: 32328 Country: USA |

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**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | MGR ☐ Change ☑ Addition |
| NAME | KADIS, GERALD N TRUSTEE | NAME | Elden Butzbaugh |
| STREET ADDRESS | 789 PINEY WOODS FARM LN, RT. 2 | STREET ADDRESS | 316 Main St. |
| CITY-ST-ZIP | THOMASVILLE GA 31792 | CITY-ST-ZIP | Joseph MI 49085 |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | KADIS, VIVIAN A | NAME | |
| STREET ADDRESS | 789 PINEY WOODS FARM LN, RT. 2 | STREET ADDRESS | |
| CITY-ST-ZIP | THOMASVILLE GA 31792 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GRIFFIN RADIOLOGY PROFIT ASSOC. | NAME | |
| STREET ADDRESS | 535 N. PINE HILL RD. | STREET ADDRESS | |
| CITY-ST-ZIP | GRIFFIN GA 30223 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | JACOB, TERESA L | NAME | |
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| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SHULTZ PARTNERS, L.P. | NAME | |
| STREET ADDRESS | 3085 PACES MILL RD. | STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA 30337 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BOYD, DONALD L | NAME | |
| STREET ADDRESS | 159 SANDY BEACH RD. | STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG GA 31763 | CITY-ST-ZIP | |

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #