2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90041 039 ****50.00

0047686

DOCUMENT # L96000000458

1. Entity Name
GRAMERCY PLANTATION, L.C.

Principal Place of Business	Mailing Address
119 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328	119 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 250 Suite, Apt. #, etc.
City & State	City & State: Apalachicola, FL
Zip / Country	Zip: 32329 / Country

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	7. Name and Address of New Registered Agent
OLIVER, MONOD 119 FRANKLIN BOULEVARD ST. GEORGE ISLAND FL 32328	Name 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, 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, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM KADIS, GERALD N TRUSTEE 789 PINEY WOODS FARM LN, RT. 2 THOMASVILLE GA 31792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Gone Fishin' TEA, Inc. Route 1, Box 25 Shellman, GA 31786	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM KADIS, VIVIAN A 789 PINEY WOODS FARM LN, RT. 2 THOMASVILLE GA 31792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Kathy Lord 2000 S. Ocean Blvd. C12-J Lauderdale By the Sea, FL 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM GRIFFIN RADIOLOGY PROFIT ASSOC. 535 N. PINE HILL RD. GRIFFIN GA 30223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Gary Guettzow 2715 Rio De Janeiro Ave Cooper City, FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM JACOB, TERESA L 535 N. PINE HILL RD. GRIFFIN GA 30223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Thomas Cheek 750 Wood Duck Ct. Atlanta, GA 30327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SHULTZ PARTNERS, L.P. 3085 PACES MILL RD. ATLANTA GA 30337	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Jim Backrack 601 North Monroe St. Albany, GA 31701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BOYD, DONALD L 159 SANDY BEACH RD. LEESBURG GA 31763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Panhandle Tires Distributors, Inc. PO Box 583 Eastpoint, FL 32328	☐ Change ☒ Addition

CR2E083 (10/02)

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 Olivier Monod, PRESIDENT GONE FISHIN', INC., MEMBER-MNGR 4/22/3 850-849-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #