




**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004182		
1. Entity Name PALMETTO PLANTATION, LLC		
Principal Place of Business ROUTE 2, BOX 71 LEARY, GA 39862	Mailing Address ROUTE 2, BOX 71 LEARY, GA 39862	
DO NOT WRITE IN THIS SPACE		
		02232005No Chg-LLC CR2E083 (10/03)
		4. FEI Number 20-1478340
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GROOM, PAUL W II 206 E. 4TH STREET PORT ST JOE, FL 32456		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SQUIRES, RICHARD ROUTE 2, BOX 71 LEARY, GA 39862	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOYE, THOMAS E ROUTE 2, BOX 71 LEARY, GA 39862	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMM, GEORGE P P.O. BOX 275 LAKELAND, FL 31635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		7/5/05 229-724-7929 <small>Date Daytime Phone #</small>