2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 08, 2007 08:00 Al Secretary of State

ANNUAL REPORT					Secretary of St		
DOCUMENT # M04000004182					,	secretary or se	
1. Entity Name PALMETTO PLANTATION, LLC							
7 7 121412 1	TO TEATHATION, EEG						
Principal Place of Business Mailing Address							
ROUTE 2, BOX 71 POB 951 LEARY, GA 39862 PORT SAINT JOE, FL 324		: El 22457					
LEAKT, GA	39002	PORT SAINT JOE	C, FL 3243/		. water to 5000 care 5010 5010 5010		
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_		'= .			07232007 No Chg-LLC	CR2E083 (11/05)	
	O NOT WRITE	IN THIS	SPA	CE	4. FEI Number	Applied For	
l .					20-1478340	Not Applicable	
	期。 磷		1. A	72 E 13	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent			All of the second of the secon	And the Application of the Appli	
GROOM, PAUL W II			1. 1.	DO NOT W	/RITE		
206 E. 4TH STREET PORT ST JOE, FL 32456		÷	.2.1	•	,		
	004,12 02 700				IN THIS SE	ACE	
	named entity submits this statement for tions of registered agent.	the purpose of chang	ging its register	ed office or registere	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept	
nie onige	ilons of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd side if applicable.	(NOTE: Registers	d Agent signature required	when roinstating)	DATE	
Ei	ling Fee is \$50.00						
	by September 14, 2007					•	
9.	MANAGING MEMBER	S/MANAGERS				Cas,	
title Name	MGRM SQUIRES, RICHARD					0771787	
STREET ADDRESS	1306 MONUMENT AVE					-80008-020 50.00	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456						
TITLE NAME	MGRM MOYE, THOMAS E						
STREET ADDRESS	ROUTE 2, BOX 71	•					
CITY-ST-ZIP	LEARY, GA 39862 MGRM						
NAME	HAMM, GEORGE P						
STREET ADDRESS	P.O. BOX 275			N:	DO NOT W	IRITE	
TITLE	LAKELAND, FL 31635		:		が いして いして いして いして いして いして いして いして		
NAME				1.1	IN THIS SE	'ACE	
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CITY-ST-ZIP				Thu.			
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STREET ADDRESS						The state of the s	
CITY-ST-ZIP						Profession Control of the Control of	
TITLE . NAME							
STREET ADDRESS							

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 ceth; 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.

CITY-ST-ZIP

SIGNATURE: A Land E Source De RICHARD TOPED OR PROMITED HAVE OF EXCHANGE AND ANALYSIS OF EXCHANGE OF E