


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2007 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 POB 951 PORT SAINT JOE, FL 32457
DO NOT WRITE IN THIS SPACE		
		07232007 No Chg-LLC CR2E083 (11/05)
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____		
Filing Fee is \$50.00 Due by September 14, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SQUIRES, RICHARD 1306 MONUMENT AVE PORT SAINT JOE, FL 32456	
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 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 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: <i>Richard E Squires Jr</i> Richard E Squires Jr 8/7/07 850-648-1020		