





FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90756 001 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M99000000262				30067000	
1. Entity Name PLANTATION APARTMENTS, L.L.C.					
Principal Place of Business 6650 BEAVERCREEK DRIVE POINT CLEAR, AL 36564		Mailing Address P.O. BOX 151 POINT CEDAR, AL 36564		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address P.O. Box 151			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State POINT CLEAR AL			
Zip		Zip 36564			
Country		Country USA		4. FEI Number 83-1218544	
				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 RAX CO. C/O EDWARD M. WHALEN 60 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number Is Not Acceptable)			Street Address (P.O. Box Number Is Not Acceptable)		
City			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				DATE 4-30-03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when certifying)		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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANDALL, ROBERT G		NAME		
STREET ADDRESS	PO BOX 161		STREET ADDRESS		
CITY-ST-ZIP	POINT CLEAR, AL 36564		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 606, Florida Statutes.					
SIGNATURE:				DATE 4-30-03	
Signature and typed or printed name of signing managing member, manager or authorized representative				Daytime Phone # 2519286100	

CFR2063 (1/9/02)