





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	Country	Zip	Country	4. FEI Number 83-1218544	Applied For Not Applicable
36564	USA	36564	USA	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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANDALL, ROBERT G PO BOX 161 POINT CLEAR, AL 36564	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 2519286100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	

CFR2063 (1/9/02)