

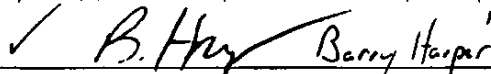


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-18-2005 90080 036 ***150.00

DOCUMENT # L02000006016			
1. Entity Name WEST ACRE RANCH, LLC			
Principal Place of Business 1130 N. U.S. HIGHWAY 17 PIERSON, FL 32180		Mailing Address 1130 N. U.S. HIGHWAY 17 PIERSON, FL 32180	
2. Principal Place of Business		3. Mailing Address P.O. Box 1222	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PIERSON FL	
Zip	Country	Zip	Country
		32180	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE (POST OFFICE BOX 2491) DAYTONA BEACH, FL 32115-2491		Name Barry D Harper Street Address (P.O. Box Number is Not Acceptable) 480 EMPORIA RD City PIERSON FL Zip Code 32180	
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  Barry Harper Manager/co-owner		DATE 4/13/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, BARRY D 480 EMPORIA RD. EMPORIA ROAD PIERSON, FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	480 EMPORIA RD., P.O. Box 1222 PIERSON FL 32180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR RAYANN HARPER 480 EMPORIA RD., P.O. Box 1222 PIERSON FL 32180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR COABINUS WEST 1130 N. U.S. HWY-17 PIERSON FL 32180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PATRICIA WEST 1130 N US HWY 17 PIERSON FL 32180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Barry Harper		DATE 4/13/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone # 386 577-0401	

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04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0563712 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required