

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027831

Entity Name: RANCH ROAD, L.L.C.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

1400 PRUDENTIAL DRIVE
SUITE 7
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1400 PRUDENTIAL DRIVE
SUITE 7
JACKSONVILLE, FL 32207

New Mailing Address:

1400 PRUDENTIAL DRIVE
STE 7
JACKSONVILLE, FL 32207

FEI Number: 20-3437459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, HENRY S
1400 PRUDENTIAL DR
STE 7
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURNER, HENRY S
Address: 1400 PRUDENTIAL DRIVE, STE 7
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: LARGURA, THOMAS E
Address: 1400 PRUDENTIAL DRIVE STE 7
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TURNER, HENRY
Address: 1400 PRUDENTIAL DRIVE, STE 7
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Change () Addition
Name: TURNER, SUE A
Address: 1400 PRUDENTIAL DRIVE, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HENRY TURNER

MGRM

02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date