

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90030 024 \*\*\*\*\*50.00

**DOCUMENT # L02000027831**

1. Entity Name  
**RANCH ROAD, L.L.C.**



Principal Place of Business  
**1625 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

Mailing Address  
**P.O. BOX 551260  
JACKSONVILLE FL 32255**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0649818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MBR** ☐ Delete  
NAME **Turner, Henry S.**  
STREET ADDRESS **1625 Atlantic Blvd.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **MBR** ☐ Delete  
NAME **Largura, Thomas E.**  
STREET ADDRESS **6972 Business Park Blvd.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **TURNER, HENRY S.**  
STREET ADDRESS **1625 ATLANTIC BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **LARGURA, THOMAS E.**  
STREET ADDRESS **6972 BUSINESS PARK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/3/03** **604-798-6821**

Date

Daytime Phone #

CR2E083 (10/02)