


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90155 013 ****50.00

| | |
|---------------------------------------|---|
| DOCUMENT # L03000052014 |  |
| 1. Entity Name J & L RANCH, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 7465 NORTH PALAFOX STREET PENSACOLA, FL 32503 | Mailing Address 7465 NORTH PALAFOX STREET PENSACOLA, FL 32503 |
|---|---|

DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

| | |
|---|--|
| 4. FEI Number 20-0477409 | 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

MOORE, DONALD
7465 NORTH PALAFOX STREET
PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

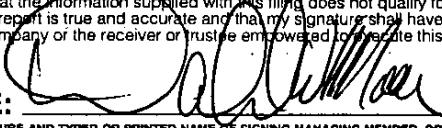
**Filing Fee is \$50.00
Due by May-1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------|
| TITLE | MGRM |
| NAME | MOORE, DONALD W |
| STREET ADDRESS | 3337 HARVEY LANE |
| CITY-ST-ZIP | PACE, FL 32571 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 file this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **DONALD W. MOORE** **3/15/05** **(850)478-6150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #