2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028119

1. Entity Name
THE OLDE RANGEMASTER LLC

Principal Place of Business	Mailing Address
1584 ENSENADA DRIVE ORLANDO, FL 32825	1584 ENSENADA DRIVE ORLANDO, FL 32825

04032006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0863722
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, SHARON K
1584 ENSENADA DRIVE
ORLANDO, FL 32825

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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: Sharon K. McClure 4/3/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

U00000500086
04/25/06-80007-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MCCLURE, SHARON MGR
STREET ADDRESS	1584 ENSENADA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	MGRM
NAME	MCCLURE, JIM
STREET ADDRESS	1584 ENSENADA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sharon K. McClure 4/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #