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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # L04000040112 | | | |  | |
| 1. Entity Name 2 G RANCH, LLC | | | | | |
| Principal Place of Business 7438 SW ALBRITTON STREET ARCADIA, FL 34266 US | | | Mailing Address 7438 SW ALBRITTON STREET ARCADIA, FL 34266 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 593759293 | |
| Zip | Country | Zip | Country | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 04272005 Chg-LLC CR2E083 (10/03) | | |
| 6. Name and Address of Current Registered Agent AMES, CPA, CFP, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 GREEN, RICHARD 7438 SW ALBRITTON STREET ARCADIA, FL 34266 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Richard GREEN</u> | | | Date: <u>04-29-05</u> Daytime Phone #: <u>963 491-7252</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

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