


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/9/2008-90031-013-\$538.75-\$538.75

DOCUMENT # L04000040112

1. Entity Name  
2 G RANCH, LLC



**FILED**

2008 SEP 24 AM 11:19

Principal Place of Business Mailing Address

7438 SW ALBRITTON STREET 7438 SW ALBRITTON STREET  
ARCADIA FL 34266 ARCADIA FL 34266  
US US

SECRETARY OF STATE  
TALL 

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7438 Sw Albritton St 7438 Sw Albritton St  
Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/08)

City & State Arcadia FL City & State Arcadia, FL

Zip 34266 Country America Zip 34266 Country America

4. FEI Number 59-3759293 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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: \_\_\_\_\_ (NOTE: Registered Agent signature required upon reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75**  
Make Check Payable to Florida Department of State  
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard Green 9-21-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #