


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90013 019 \*\*\*\*50.00

**DOCUMENT # L05000024396**

1. Entity Name  
**DOWNEY RANCH HOLDING CO., LLC**



Principal Place of Business      Mailing Address  
 6585 SHADY HOLLOW DR      6585 SHADY HOLLOW DR  
 PACE, FL 32570      PACE, FL 32570

00000000

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**42117003**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOSLEY, JASON R**  
**220 W. GARDEN ST.**  
**SUITE 606**  
**PENSACOLA, FL 32502**

**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 when reinstating)      DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWNEY, HARRELL 6585 SHADY HOLLOW DR. PACE, FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

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

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**ATTACHMENT**

3000 5886



DOCUMENT # L05000024396

1. Entity Name  
DOWNEY RANCH HOLDING CO., LLC

Principal Place of Business  
6585 SHADY HOLLOW DR  
PACE, FL 32570

Mailing Address  
6585 SHADY HOLLOW DR  
PACE, FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

02152006 Chg.-LLC CR2E083 (11/05)

4. FEI Number Applied For Not Applicable

Country

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

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$ .39

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

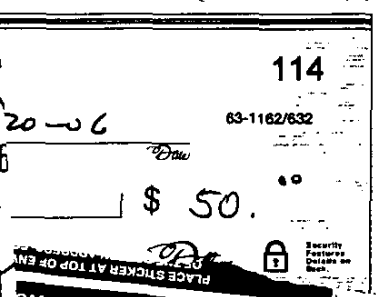
Total Postage & Fees \$ 4.14

Postmark MAR 20 2006

114

63-1162/632

\$ 50.



7. Name and Address of New Registered Agent

Not Acceptable)

FL Zip Code

the State of Florida. I am familiar with, and accept

DATE

9551 4424 0000 051E 2007

Sent To Division of Corp

Street, Apt. No., or PO Box No. Box 6198

City, State, ZIP+4 Tallahassee, FL

PS Form 3800, June 2002

**COMPLETE THIS SECTION ON DELIVERY**

Signature

Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery \_\_\_\_\_

Agent  Addressee

Change  Addition

Division of Corporations

P.O. Box 6198

Tallahassee, FL 32314

3466

Annual Report

D. Is delivery address different from Item 1?  Yes  No

If YES, enter delivery address below:

**DEPT. OF STATE**

**MAR 23 2006**

**CLEARED**

2. Article Number (Transfer from service)

7002 3150 0003 4244 1555L

PS Form 3811, February 2004

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-02-M-1540

DELETE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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: x James Downey x MARCH 20, 2006

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