2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90101 031 ***138.75

DOCUMENT # L05000057667

1. Entity Name

THORNHILL'S CIRCLE T RANCH, LLC

Principal Place of Business	Mailing Address
1147 INTERLOCHEN BLVD. WINTER HAVEN FL 33884	1147 INTERLOCHEN BLVD. WINTER HAVEN FL 33884

— Same —

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1155 Interlochen Blvd.		1155 Interlochen Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Winter Haven, FL		City & State: Winter Haven, FL	
Zip: 33884	Country: USA	Zip: 33884	Country: USA

1st MOORE CR2E083 (10/07)

4. FEI Number: NO-T APPLICABLE — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THORNHILL, G. CONLEY JR 1147 INTERLOCHEN BLVD. WINTER HAVEN FL 33884 new address → Street # change	Name: (Same) Thornhill, G. Conley Jr. Street Address (P.O. Box Number is Not Acceptable): 1155 Interlochen Blvd City: Winter Haven FL Zip Code: 33884

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 [signature] 2/22/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNHILL, G. CONLEY JR } Same 1147 INTERLOCHEN BLVD. WINTER HAVEN FL 33884	☐ Delete same new	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thornhill, G. Conley, Jr. 1155 Interlochen Blvd. Winter Haven FL 33884	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/22/08 863-401-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #