


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L99000007468 1. Entity Name HABER WESTERN RANCHES LLC |  |
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|---|---|
| Principal Place of Business 10155 COLLINS AVE #1007 BAL HARBOUR, FL 33154 | Mailing Address 10155 COLLINS AVE #1007 BAL HARBOUR, FL 33154 |
|---|---|



03012006 No Chg-LLC CRZE063 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 10-3205971 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HABER, ARNOLD
10155 COLLINS AVENUE #1007
BAL HARBOUR, FL 33154**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HABER, ARNOLD 10155 COLLINS AVE #1007 BAL HARBOUR, FL 33154 |
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03/27/06-80005-014 50.00

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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:  3/14/06 305.865.5660

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