

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000007468

1. Entity Name
HABER WESTERN RANCHES LLC



Principal Place of Business 10155 COLLINS AVE #1007 BAL HARBOUR, FL 33154	Mailing Address 10155 COLLINS AVE #1007 BAL HARBOUR, FL 33154
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01222008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

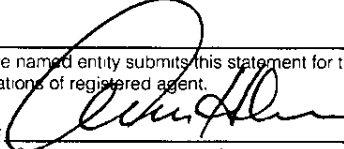
4. FEI Number 10-3205971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 1/24/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

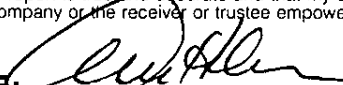
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HABER, ARNOLD 10155 COLLINS AVE #1007 BAL HARBOUR, FL 33154
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U00000799765
 01/30/08-80091-017 138.75

DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating)

DATE 1/24/08

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

Daytime Phone #