2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 15, 2007 08:00 AM DOCUMENT # L99000008700 **Secretary of State** CIRCLE F DUDE RANCH CAMP, L.L.C. Principal Placo of Business Mailing Address **PO BOX 888** 1900 GLADES RD., STE 401 LAKE WALES FL 33859 **BOCA RATON FL 33431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 59-3615676 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALT, LES S Street Address (P.O. Box Number is Not Acceptable) 1900 GLADES RD., STE 401 **BOCA RATON FL 33431** 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE. TITLE ☐ Change ☐ Addition MGR ☐ Defete MENKHAUS, DAVID J NAME STREET ADDRESS STREET ADDRESS 1900 GLADES RD., STE 401 CHY-ST-ZIP **BOCA RATON FL 33431** CHY-ST-7IP IIRE ☐ Delete TITLE Change ■ Addition MGR NAMI' NAME ALT, LES S STREET ADDRESS STREET ADDRESS 1900 GLADES RD., STE 401 U00000667698 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** <u> 26/07-80038-023 50.00</u> THE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME WELLS, PAUL STREET ADDRESS STREET ADDRESS 2430 NE 199TH STREET CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 ☐ Addition ☐ Deleie TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-S1-7IP Delete ☐ Change TITLE THIE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu ☐ Delete HTLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CHY-ST-ZIP 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 eath, 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.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #