2006 LIMITED LIABILITY COMPANY , ANNUAL REPORT (AR)

May 03, 2006 08:00 AM Secretary of State DOCUMENT # L00000009725 1. Entity Name TRAWICK RANCH, L.L.C. Principal Place of Business Mailing Address 1693 HIGHWAY 277 1693 HIGHWAY 277 CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 59-3674300 Not Applicat 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 TRAWICK, KAY Street Address (P.O. Box Number is Not Acceptable) 1693 HIGHWAY 277 CHIPLEY FL 32428 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 $\frac{1}{\text{Signaturit.}}$ is printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, TITLE MGR ☐ Change ☐ Delete TITLE ☐ Additi NAME TRAWICK, KAY NAME STREET ADDRESS 1693 HIGHWAY 277 STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Additi U00000562081 NAME NAME 05/19/06-80041-015 50.00 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-SY-ZIP TITLE THE Delete_____ ☐ Change Addit-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addin. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE ☐ Change Adda: NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change TibhA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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.

FILED