

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013350

FILED
Feb 01, 2007
Secretary of State

Entity Name: BAR N RANCH, LLC

Current Principal Place of Business:

P.O. BOX 367657
BONITA SPRINGS, FL 34136

New Principal Place of Business:

24300 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134

Current Mailing Address:

P.O. BOX 367657
BONITA SPRINGS, FL 34136

New Mailing Address:

FEI Number: 65-1054110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULTER, GAREY
FOWLER WHITE BOGGS BANKER P.A.
2201 SECOND STREET, 5TH FLOOR
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NYCHYK, RANDALL C
Address: 8456 CORAL DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: NYCHYK, TIMOTHY JR
Address: 502 S.E. 19TH LANE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NYCHYK, RANDALL C
Address: 7630 KNIGHTWING CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: MGR (X) Change () Addition
Name: NYCHYK, TIMOTHY J JR
Address: 502 S.E. 19TH LANE
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY J NYCHYK JR

MGR

02/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date