

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013350

Entity Name: BAR N RANCH, LLC

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

24300 S. TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**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:**

BULTER, GAREY  
FOWLER WHITE BOGGS BANKER P.A.  
2235 FIRST STREET  
FORT MYERS, FL 33901 US

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:

04/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/16/2008

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