

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014924

FILED  
Jul 22, 2005  
Secretary of State

Entity Name: RED RANCH, L.C.

**Current Principal Place of Business:**

2025 N. DOVER RD.  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 730  
PLANT CITY, FL 33564

**New Mailing Address:**

P.O. BOX 639  
PLANT CITY, FL 33564

FEI Number: 59-3684953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BORCHARD, JOHN  
1118 ABBEYS WAY  
TAMPA, FL 33602      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: BORCHARD, JOHN G  
Address: 1118 ABBEYS WAY  
City-St-Zip: TAMPA, FL 33602

Title: MGRM      ( ) Delete  
Name: GRESSOR, JACK  
Address: 626 VISTA PACIFICA  
City-St-Zip: PISNO BEACH, CA 93449

**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 for the exemption stated in Section 119.07(3)(i), 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: JOHN BORCHARD

MGR

07/22/2005

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