

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 22 AM 10: 14



DOCUMENT # L01000000397

1. Entity Name
STARDUST RANCH LLC

Principal Place of Business
17315 PARSONS ROAD
BROOKSVILLE, FL 34601

Mailing Address
17315 PARSONS ROAD
BROOKSVILLE, FL 34601

DO NOT WRITE IN THIS SPACE



04152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3690188	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

200061637272
11/22/05--01088--002 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGG, FRED B JR 1005 CABALLO ROAD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGG, PAMELA S 1005 CABALLO ROAD LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

REINSTATED 2005

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Fred B Gregg* Date: 5-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Daytime Phone #