


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000397 1. Entity Name STARDUST RANCH LLC	
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Principal Place of Business 17315 PARSONS ROAD BROOKSVILLE, FL 34601	Mailing Address 17315 PARSONS ROAD BROOKSVILLE, FL 34601
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3690188	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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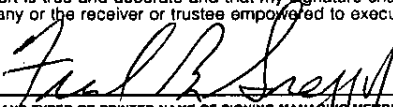
6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801

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

Filing Fee is \$50.00 Due by May 1, 2007	U000000766844 07/03/07-80003-010 50.00
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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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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	6-10-07 <small>Date</small>	<small>Daytime Phone #</small>