2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000957

 Entity Name COURCHENE DEVELOPMENT AT THE RANCH, LLC



FILED
Jan 28, 2004 08:00 AM
Secretary of State

Principal Place of Business

1101-5 SOUTH ROGERS CIR. BOCA RATON, FL 33487 Mailing Address

1101-5 SOUTH ROGERS CIR. BOCA RATON, FL 33487



01092004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1120697 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COURCHENE, PAUL 1101-5 SOUTH ROGERS CIR. BOCA RATON, FL 33487

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B. The above the obligat	named entity submits this statement for the purpose of changings of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable		
	Signaturie, typed or printed name of registered agent and title it applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TRILE NAME STREET ADDRESS CITY+ST-ZIP	MGRM COURCHENE, PAUL 1101-5 SOUTH ROGERS CIR BOCA RATON, FL 33487		000000016261 01/28/04-80048-009 S0.00
title Name Street Address City-St-Zip			
TITLE MAME STREET ADDRESS CATY-ST-ZIP		DO	NOT WRITE
title Name Street Address City-St-Zip		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 employered types point as required by Chapter 608, Florida Statutes.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/12/04

561-997-8520

Daytime Phone #