

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002095

Entity Name: 4 ARROWS RANCH, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

12970 NE HWY 315  
FORT MCCOY, FL 32134

**New Principal Place of Business:**

4135 E. HWY 318  
CITRA, FL 32113

**Current Mailing Address:**

4135 E HWY 318  
CITRA, FL 32113

**New Mailing Address:**

FEI Number: 04-3615895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALLMAN-WINDHAM, LEE  
12970 NE HWY 315  
FORT MCCOY, FL 32134 US

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

HALLMAN-WINDHAM, LEE  
4135 E. HWY 318  
CITRA, FL 32113 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: LEE HALLMAN-WINDHAM

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WINDHAM, LEE H  
Address: 12970 NE HWY 315  
City-St-Zip: FORT MC COY, FL 32134

Title: MGR ( ) Delete  
Name: WINDHAM, JAMES W  
Address: 12970 NE HWY 315  
City-St-Zip: FORT MC COY, FL 32134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WINDHAM, LEE H  
Address: 4135 E. HWY 318  
City-St-Zip: CITRA, FL 32113

Title: MGR (X) Change ( ) Addition  
Name: WINDHAM, JAMES W  
Address: 4135 E. HWY 318  
City-St-Zip: CITRA, FL 32113

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: LEE HALLMAN-WINDHAM

MGR

04/27/2009

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