

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 039 \*\*\*\*50.00

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # L01000003160</b><br>1. Entity Name<br><b>LAZY O RANCH MANAGEMENT COMPANY, LLC</b>  |  |   |  |  |   |
| Principal Place of Business<br><b>3141 NW 128TH AVE<br/>OKEECHOBEE, FL 34972</b>   |  |   | Mailing Address<br><b>PO BOX 1214<br/>CORTEZ, FL 34215</b>   |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |   |
| City & State   |  |   | City & State   |  |   |
| Zip  |  | Country   |  | Zip  |   |
| Country  |  | Country   |  | 4. FEI Number<br><b>65-1085912</b>                                 |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |  | Applied For<br>Not Applicable                                      |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CLASP INC.<br/>3001 TAMiami TRAIL NORTH, 4TH FLOOR<br/>NAPLES, FL 34103</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>MARY ANNE HUGHES</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>12112 45TH AVE W.</b><br>City <b>CORTEZ</b> <b>FL</b> Zip Code <b>34215</b> |  |   |
| 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.<br>SIGNATURE <u><i>May Anne Hughes</i></u> DATE <u><b>3-1-06</b></u><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>ORLANDO, STEPHEN A<br/>2251 NW 128TH AVE<br/>OKEECHOBEE, FL 34972</b> | <input checked="" type="checkbox"/> Delete                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <b>MGR<br/>ODOM, HOWARD<br/>48-2 COW RD<br/>LYME CT 06371</b> |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |
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| 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 806, Florida Statutes. |  |   |  |  |   |
| SIGNATURE: <u><i>Howard L Odom</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |  | Date <u><b>8/60-908-4178</b></u><br><small>Daytime Phone #</small> |   |