

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L01000016303

1. Entity Name

R&R RANCH, OURAY COUNTY, LLC.



**FILED
Mar 17, 2005 8:00 am
Secretary of State**

03-17-2005 90135 004 ****50.00

20021897



1st MOORE CR2E083 (10/04)

Principal Place of Business Mailing Address
6150 DIAMOND CENTRE CT., BLDG 1300
FORT MYERS FL 33912 6150 DIAMOND CENTRE CT., BLDG 1300
SUITE 160
FORT MYERS FL 33912

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1141371** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name **Janet E. Allison**
Street Address (P.O. Box Number is Not Acceptable)
6150 Diamond Centre Ct.

Bldg. 1300

City **Fort Myers** FL Zip Code **33912**

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 Janet E. Allison

3/2/2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THIBAUT, RANDY E 6150 DIAMOND CENTRE CT., BLDG 1300 FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Randy E. Thibaut

3/2/2005 239-489-4066

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

Date

Daytime Phone #