## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 26, 2007 08:00 AM Secretary of State DOCUMENT # L02000003063 ROCK'N DW RANCH L.L.C. Principal Place of Business Mailing Address 6693 DALISA ROAD 6693 DALISA ROAD MILTON, FL 32583 MILTON, FL 32583 04232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1870402 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANZ, DONNA L DO NOT WRITE 6693 DALISA ROAD MILTON, FL 32583 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE DANZ, DONNA L NAME 6693 DA LISA RD STREET ADDRESS CITY-ST-ZIP MILTON, FL 32583 TITLE MGRM NAME WIDEMAN, ROBERT L STREET ADDRESS 6693 DA LISA RD CITY-ST-ZIP MILTON, FL 32583 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP U00000734127 05/09/07-80113-016 50.00

**FILED** 

11. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Jane L. Jane Manager 4-33-07 636-445

SHONATURE OF PURPLED NAME OF SHONING MANAGEMEN DE PRESENTATIVE DOIS DEVEMBETORS &

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