

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007468

Entity Name: R GAITED RANCH, L.L.C.

FILED  
Jul 13, 2005  
Secretary of State

**Current Principal Place of Business:**

18051 NALLE RD.  
FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

18051 NALLE RD.  
FORT MYERS, FL 33917

**New Mailing Address:**

FEI Number: 81-0545491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RITTER, LELAND G JR  
18051 NALLE RD.  
FORT MYERS, FL 33917      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RITTER, VICKI L  
Address: 18051 NALLE RD.  
City-St-Zip: FORT MYERS, FL 33917

Title: MGR      ( ) Delete  
Name: RITTER, LELAND G JR.  
Address: 18051 NALLE RD.  
City-St-Zip: FORT MYERS, FL 33917

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LELAND RITTER JR.

MGR

07/13/2005

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