2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200009476



FILED Mar 07, 2003 8:00 am Secretary of State

State Address of Current Registered Agent State Desired	1. Entity Nam	DD RANCH ASSOCIATES	, LLC		03-07-2003 90013 050 ****50.00
Sulto, Apt. #, efc. Sulto, Apt. #, efc. Sulto, Apt. #, efc. Sulto, Apt. #, efc. A. FEI Number T.Z. Sulto Applied Fo Not. Applied For N	330 S. PINEAP	PLE. STE. 115	P.O. BOX 3978		
Sulto, Apt. #, efc. Sulto, Apt. #, efc. Sulto, Apt. #, efc. Sulto, Apt. #, efc. A. FEI Number T.Z. Sulto Applied Fo Not. Applied For N	2. Principal P	lace of Business	3. Mailing Address		
City & State City & State City & State Country City City City City City City City City	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
S. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Additional Fee Requir	City & State		City & State		4. FEI Number Applied For
TURNER, JAMES I 200 S. ORANGE AVE. SARASOTA FL 34236 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Numbe	Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional
TURNER, JAMES L 200 S. ORANGE AVE. SARASOTA FL 34236 8. The above named entity submits this statement for the purpose of changing its registered of one or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Plorida Department of State Due by May 1, 2003 9. MANAGING MEMBERS MANAGERS TILE NAME STREET ADDRESS OTY ST-279		6. Name and Address of Cur	rent Registered Agent		·
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and access the obligations of registered agent. SIGNATURE Control C	200	S. Orange ave.		Street	AUDREW MARCUS Address (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accelerate the obligations of registered agent. ANDELL AN					
SIGNATURE Signature, typino impressed agents and their application. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS STRET ADDRESS CITY-ST	A The		<u> </u>	1.2	SARASOTA FL Zip Code 36236
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE NAME STREET ADDRESS CITY-ST-ZP STREET AD	the obligation	named entity submits this stateme ons of registered agent	ent for the purpose of changing its	registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Change Addition STREET ADDRESS CITY-ST-2P Addition STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Change Addition STREET ADDRESS STREET AD		Signature, typed or primed name of registered i	agent and title if applicable. (NOT	Aumeu E: Registered Agent signs	
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		•			
TITLE NAME NAME STREET ADDRESS STREE			Du	e By May 1, 200	03
NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	9.	MANAGING ME	MBERS/MANAGERS	10.	ADDITIONS/CHANGES
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ſ		☐ Delete		MANAGER Change Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1				AMOREW MARCUS
TILLE	í				330. S. PINEAPLE WE . THIS
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE				3MM3014, FL 34136
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			∟ Derete		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	STREET ADDRESS	`			MODERT L. MAKWS
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	NEW YORK, AN / 1006
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		*·•	□ Delete · ~	- TITLE	Change Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS				NAME	_ _ -
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		2	□ Delete		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS			LJ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS			☐ Delete	TITLE	☐ Change ☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS				NAME	
TITLE TITLE TITLE TITLE TITLE TITLE TOTANGE Addition NAME STREET ADDRESS STREET ADDRESS					
NAME STREET ADDRESS STREET ADDRESS				CITY-ST-ZIP	
STREET ADDRESS STREET ADDRESS	j.		☐ Delete		☐ Change ☐ Addition
STREET AUDICOS					
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 on if made and accurate.	11. I hereby cer	Tify that the information supplied s	with this filing does not mustiful for		

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

941-957-3329