

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009935

**FILED**  
**Jul 11, 2006**  
**Secretary of State**

**Entity Name:** NAN'S ALPACA RANCH BY THE GULF, LLC

**Current Principal Place of Business:**

1010 18TH ST. SE  
NAPLES, FL 34117

**New Principal Place of Business:**

9750 NW 160TH ST  
REDDICK, FL 32686

**Current Mailing Address:**

1010 18TH ST. SE  
NAPLES, FL 34117

**New Mailing Address:**

9750 NW 160TH ST  
REDDICK, FL 32686

FEI Number: 02-0717425      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:**

LIST, HERBERT A  
1010 18TH ST. SE  
NAPLES, FL 34117      US

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

LIST, HERBERT A  
9750 NW 160TH ST.  
REDDICK, FL 32686      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: HERBERT A. LIST

07/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LIST, HERBERT A  
Address: 1010 18TH ST. SE  
City-St-Zip: NAPLES, FL 34117

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LIST, NANCY M  
Address: 9750 NW 160TH ST.  
City-St-Zip: REDDICK, FL 32686

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NANCY M. LIST

MGR

07/11/2006

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