

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009935

FILED  
May 01, 2007  
Secretary of State

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

**Current Principal Place of Business:**

9750 NW 160TH ST  
REDDICK, FL 32686

**New Principal Place of Business:**

470 DONORA BLVD  
FT. MYERS, FL 33931

**Current Mailing Address:**

9750 NW 160TH ST  
REDDICK, FL 32686

**New Mailing Address:**

470 DONORA BLVD  
FT. MYERS, FL 33931

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  
9750 NW 160TH ST.  
REDDICK, FL 32686      US

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

LIST, HERBERT A  
470 DONORA BLVD  
FT. MYERS, FL 33931      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: \_\_\_\_\_

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: LIST, HERBERT A  
Address: 470 DONORA BLVD  
City-St-Zip: FT. MYERS, FL 33931

I hereby certify that the information supplied with this filing does not qualify 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: HERBERT A LIST

MGR

05/01/2007

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