

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000026000	
1. Entity Name B-4 RANCH, LLC	
Principal Place of Business 1149 WEDGEWOOD ROAD JACKSONVILLE, FL 32259	Mailing Address 1149 WEDGEWOOD ROAD JACKSONVILLE, FL 32259



04092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0487012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BETROS, STEPHEN M 1149 WEDGEWOOD ROAD JACKSONVILLE, FL 32259	DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

0000000895351
04/24/08-80066-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BETROS, STEPHEN M 1149 WEDGEWOOD ROAD JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BETROS, TIMOTHY W 7916 LAVIN RD JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BETROS, JEFFREY S 1125 HIDEWAY DRIVE N JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BONEY, WALTER T JR 7789 MUD LAKE RD MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.9.08 904.693.0788