

FILED


03 JUN 18 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**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

200020966322  
06/18/03--01035--009 \*\*150.00



2. Principal Place of Business  
Sube, Apt. #, etc.

3. Mailing Address  
Sube, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**45-0487012**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BETROS, STEPHEN M**  
1149 WEDGEWOOD ROAD  
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

A. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent's signature required when appointing)



9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	TO	TITLE	TO
MGRM <b>BETROS, STEPHEN M</b> 1149 WEDGEWOOD ROAD JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	MGRM <b>TIMOTHY W. BETROS</b> 7916 LAVIN RD JACKSONVILLE, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGRM <b>JEFFREY S. BETROS</b> 1125 HIWAY DRIVE N JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	MGRM <b>WALTER T. BONEY, JR.</b> 7789 MUD LAKE RD MACLENNY, FL 32063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGRM <b>WALTER T. BONEY, JR.</b> 7789 MUD LAKE RD MACLENNY, FL 32063	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CELEBRS (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included 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 is required by Chapter 606, Florida Statutes.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE