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

L02000033026 **DOCUMENT#** 

1. Entity Name

THE MISIK RANCH, LLC



## Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90809 035 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 1611 Emerson Drive, SE Suite, Apt. #, etc.		3. Mailing Address 1611 Emerson Drive, SE Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Palm Bay, FL		City & State Palm Bay, FL	Palm Bay, FL		4. FEI Number 56–2333926	Applied For Not Applicable
Zip 32909	Country	Zip 32909	9 Country		5. Certificate of Status Desired \$5.00 Additional Fee Required	
	DO NOT W IN THIS SE	ATTENDED OF THE WAR DE PROPERTY OF THE STATE		7. Name and Address of Current Registered Agent  Name Sally M. Prentice Street Address (P.O. Box Number is Not Acceptable) 1611 Emerson Drive, SE		
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  Signature, yield or printed name of registered agent and title II applicable.  DATE  Zip Code 32909  Zip Code 32909  State Bay  FL Zip Code 32909  State Bay  Signature agent agent, or both, in the State of Florida. I am familiar with, and accept agent						
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1						
9.	MANAGING MEMBE	RS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sally M. Prentice 1611 Emerson Drive, Palm Bay, FL 32909		TITLE NAME STREE CITY-S	TADORESS		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	T ADDRESS		

11. I hereby certify that the information supplied with this filling 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 as if made under eath; 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.