

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-23-2004 90017 011 ****55.00

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DOCUMENT # L03000000714					
1. Entity Name ANGELS RANCH, LLC					
Principal Place of Business P.O. BOX 2029 TALLAHASSEE, FL 32316			Mailing Address P.O. BOX 2029 TALLAHASSEE, FL 32316		
2. Principal Place of Business 4850 Old Indian Tr.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL			
Zip 32310		Country USA		4. FEI Number 56-2307709	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YORK, DEBORAH 146 E. OSPREY LANE MONTICELLO, FL 32344			7. Name and Address of New Registered Agent <i>Physical</i> Name: <u>York, Deborah</u> Street Address (P.O. Box Number is Not Acceptable): <u>4850 Old Indian Trail</u> City: <u>Tallahassee</u> FL Zip Code: <u>32310</u>		
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: <u>Deborah York</u> (NOTE: Registered Agent signature required when registering) DATE: <u>4/20/04</u>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Deborah York 4850 Old Indian Trail Tallahassee, FL 32310 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 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: <u>Deborah York</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/20/04 (850) 575-9996 <small>Date Daytime Phone #</small>		