

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000004687

1. Entity Name

BIG "H" RANCH, LLC



Principal Place of Business  
6325 US HIGHWAY 98 NORTH  
OKEECHOBEE FL 34972  
US

Mailing Address  
2000 PGA BOULEVARD  
SUITE 2204  
NORTH PALM BEACH FL 33408  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

87-0707306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFFORD I. HERTZ, P.A.  
ONE NORTH CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME FREDRICKSON, IVAN C JR.  
STREET ADDRESS 2000 PGA BOULEVARD #2204  
CITY- ST- ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition  
NAME 000000194965  
STREET ADDRESS 01/26/05-80009-016 50.00  
CITY- ST- ZIP

TITLE MGRM ☐ Delete  
NAME MYERS, STEPHEN E SR.  
STREET ADDRESS 2000 PGA BOULEVARD #2204  
CITY- ST- ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

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

Date

Daytime Phone #

1-19-05 561-627-7720