

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000008758

1. Entity Name
KITCHEN CREEK RANCH, LLC



Principal Place of Business

6020 S.E. 138TH STREET
HOBE SOUND, FL 33455

Mailing Address

6020 S.E. 138TH STREET
HOBE SOUND, FL 33455



01152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2100491

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING STE. 102
PALM BEACH GARDENS, FL 33410

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DAVIS, JAMES
6020 SE 138TH ST
HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIMPSON, MARK
6010 SE 138TH ST
HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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02/02/05-80007-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mark Simpson*

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

1/28/05

Date

545-4176

Daytime Phone #