


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009865 1. Entity Name BAR E RANCH, L.L.C.	
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Principal Place of Business 17253 N.E. 75TH STREET WILLISTON, FL 32696	Mailing Address PO BOX 222 WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 26-3354591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EAGER, GEORGE W JR 17253 N.E. 75TH STREET WILLISTON, FL 32696	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EAGER, GEORGE W JR PO BOX 222 WILLISTON, FL 32696
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05/04/05-60008-001 50.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	George W. Eager Jr. 4/28/05 (352) 528-2949 <small>Date Daytime Phone #</small>
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