FILED
May 20, 2004 8:00 am
Secretary of State
04-30-2004 90076 035 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011012

1. Entity Name
T.L. SMITH RANCH, LLC

--34006848

Principal Place of Business	Mailing Address
636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805	636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1100 Town Plaza Ct.	Same as #2
Suite, Apt. #, etc.: Suite 2010	Suite, Apt. #, etc.
City & State: Winter Springs, FL	City & State
Zip: 32708 Country: USA	Zip Country

4. FEI Number 41-2086770 — 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
HAGEN, DEBORAH D 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805	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

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	MGRM HAGEN, DEBORAH D MRS. 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, LARRY MR. 800 WESTWOOD SQUARE, SUITE 4 OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #