2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

	ANNUAL REPORT	
DOCUMENT	# L03000018310	_

1. Entity Name
ROCK RIDGE HUNTING CLUB, LLC

Principal Place of Business

_Mailing Address

8098 S.E. 21ST AVENUE

OCALA, FL 34480



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01122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For	
04-3759767	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

PATTERSON, JOHN	
8098 S.E. 21ST AVENUE	
OCALA. FL 34480 _	•
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6. Name and Address of Current Registered Agent

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

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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. the obligations of registered agent. 	I am familiar with, and accept
SI	IGNATI IRE	

(NOTE, Registered Agent signature required when reinstating)

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

8098 S.E. 21ST AVENUE

OCALA, FL 34480 US 7

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP PATTERSON, JOHN 8098 S.E. 21ST AVENUE OCALA, FL 34480			
NAME STREET ADDRESS CITY-ST-ZIP	VP FLEMING, RONNIE POST OFFICE BOX 1452 PERRY, FL 32348			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HICKOX, CHARLES POST OFFICE BOX 994 OCALA, FL 34478			
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			
TITLE NAME STREET ADDRESS CITY-ST- ZIP				

U00000180228 01/13/05-80051-008 **50.00**

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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: 1-12-04 610-7048
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGERIG MEMBER, OR AUTHORIZED REPRESENTATIVE Dale Dayline Proces 4