


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L03000027325 |  |
| 1. Entity Name J. BAR R. RANCH, LLC | |

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|---|---|
| Principal Place of Business 105 NE CHARLESTON OAKS DRIVE PORT ST. LUCIE, FL 34983 | Mailing Address 105 NE CHARLESTON OAKS DRIVE PORT ST. LUCIE, FL 34983 |
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01112005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 58-2677555 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

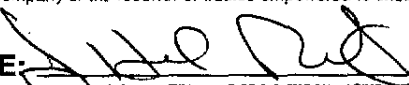
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| 6. Name and Address of Current Registered Agent FEE, FRANK H III FRANK H. FEE, III, ESQUIRE 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950 |
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| 8. The above named entity submits this statement 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</small> | (NOTE: Registered Agent signature required when reissuing) | DATE _____ |

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

| 9. MANAGING MEMBERS/MANAGERS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGRM ROBERTS, J. HAL 105 NE CHARLESTON OAKS DRIVE PORT ST. LUCIE, FL 34983 |
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02/28/05-10049-013 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)(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:  | Date 1/25/05 | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |