2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000027325

1. Entity Name
J. BAR R. RANCH, LLC

Principal Place of Business	Mailing Address
105 NE CHARLESTON OAKS DRIVE PORT ST. LUCIE, FL 34983	105 NE CHARLESTON OAKS DRIVE PORT ST. LUCIE, FL 34983

01082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2677555
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

100000384494
01/17/06-99014-910 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBERTS, J. HAL
STREET ADDRESS	105 NE CHARLESTON OAKS DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/6/05 772-871-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #