
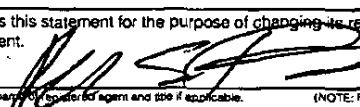


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90133 039 \*\*\*\*50.00

<b>DOCUMENT # L03000032000</b> 1. Entity Name <b>BURNT STORE RANCH, LLC</b>					
Principal Place of Business <b>21550 RIVER RANCH ROAD ESTERO, FL 33928</b>			Mailing Address <b>21550 RIVER RANCH ROAD ESTERO, FL 33928</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07062004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>20-0192754</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FILEMAN, GARY T 1107 W. MARION AVENUE SUITE 112 PUNTA GORDAS, FL 33950</b>			7. Name and Address of New Registered Agent  Name <b>FORMAN, ROBERT S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1715 MONROE ST</b> City <b>FORT MYERS</b> FL Zip Code <b>33901</b>		
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 <b>7/8/04</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBERT S BARBER 21550 RIVER RANCH ROAD ESTERO, FL 33928</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: ROBERT S BARBER, MGR</b>					
Date <b>6-13-04</b> Daytime Phone # <b>239-947-2508</b>					