2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041587

1. Entity Name
SOUTH MOON RANCH, L.L.C.

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Principal Place of Business	Mailing Address
2130 HAWTHORNE ROAD VENICE, FL 34293	2130 HAWTHORNE ROAD VENICE, FL 34293

02272006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address		
894 SOUTH MOON DRIVE	**2398 BAL HARBOUR DRIVE**		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State **VENICE**	City & State **VENICE, FL**	4. FEI Number 05-0590235	Applied For / Not Applicable
Zip **34293**	Country **SARASOTA**	Zip **34293-2803** Country **SARASOTA**	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
HOWELL, TRACY L 2130 HAWTHORNE ROAD VENICE, FL 34293	Name Street Address (P.O. Box Number is Not Acceptable) **2398 BAL HARBOUR DRIVE** City **VENICE** FL Zip Code **34293-2803**

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, 2006

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, TRACY L 2130 HAWTHORNE ROAD VENICE, FL 34293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**2398 Bal Harbour Drive Venice, FL 34293-2803**	☒ 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
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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 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: _____   3-8-06   493-1209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #