


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000042131 1. Entity Name HONEY HOLE RANCH LLC	
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Principal Place of Business C/O ALAN I. ARMOUR II, ESQ 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH FL 33401	Mailing Address C/O ALAN I. ARMOUR II, ESQ 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH FL 33401
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 20-0355566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARMOUR, ALAN I II ESQ
 NASON, YEAGER, GERSON, WHITE & LIOCE, PA
 1645 PALM BEACH LAKES BLVD, STE 1200
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	<input type="checkbox"/> Delete
MGRM	ELLINGSWORTH, W. HOWARD	<input type="checkbox"/>
STREET ADDRESS	96 NE 4TH AVE.	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	U00000216003	<input type="checkbox"/>
STREET ADDRESS	02/05/05-80031-010 50.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Howard Ellingsworth **2-1-05** **561-276-7468**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #