

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000042131

1. Entity Name
HONEY HOLE RANCH LLC



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



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0355566

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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IN THIS SPACE**

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, 2007**

U000000587586

01/17/07-80039-022-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ELLINGSWORTH, W. HOWARD
96 NE 4TH AVE.
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

W. Howard Ellingsworth 1/16/07 (56) 216-7448

Daytime Phone #