FILED Mar 30, 2005 8:00 am Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1. Entity Name				03-10-2005	5 90039 021 ****5	50.00
SNEADS	RANCH, L.L.C.			/		
Principal Place of Business Mailing Address						
3177 COLLEGE STREET MARIANNA FL 32448 US 3177 COLLEGE STREET MARIANNA FL 32446 US			т	- Lithern Pa sures you dainy service	na sveni čaven prob krážila strže Strija.	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)		
City & State		City & State		4. FEI Number 20-055010	Y	Applied For lot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent	
RAK	(ER, FRANK A	·····	- Name			
443	1 LAFAYETTE STREET RIANNA FL 32446		Street Addres	s (P.O. Box Number is Not Acceptat	(a)	
			City		FL Zip Co	de
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered affice or regis	tered agent, or both, in the State of F	lorida. I am familiar with	i, and accept
SIGNATURE	Septialize, lyado or printed name of registered agents	and little if application (NOTE	Registered Agent significate requ	tred when respissing) 3/39/0	3/9/0-3 3 ONTE	
		Make Check Payabl	W!!! FEE IS \$50.00 e to Florida Departm By May 1, 2005	CANNESCHIEGHINGHING		
9.	MANAGING MEMBE	RS/MANAGERS	10	ADDITION	S/CHANGES	
TITLE NAME	MGRM	☐ Defeta	TIFLE NAME		Change	Addition
STREET ADDRESS CITY+ST-ZIP	MONEYHAM, WAYMON 3177 COLLEGE STREET MARIANNA FL 32446		STREET ADDRESS CITY-SI-ZIP			
THILE		Deteta	TITLE		Change	Addition
NAME STREET ADDRESS	}		NAME STREET ADDRESS			
CHY-ST-ZIP		Deleta	OIY-SI-ZP		☐ Change	☐ Addillon
NAME			NAME		_ :	
STREET ADORESS _CITY: ST::ZIP			STREET ADDRESSCITY: S1: ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	<u> </u>	☐ Delete	TITLE	·	☐ Change	☐ Addition
NAME STORET ADDOCCC			NAME EXPECT ADDRESS			
STREET ADDRESS CHY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TILE		☐ Defete	FITLE		Change	Addition
HAME			NAME		_ ·	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP			
	certify that the information supplied with	this filing does not quality for	<u></u>	Section 119.07(3)(i) Florida Statites	a. I further certify that the	information
indicated	d on this report is true and accurate and ability company or the receiver or trusts	that my signature shall have	the same legal effect as	ji made under cath; that I am a man	aging member or manag	per of the
SIGNAT	TURE: 12	Martyhan	-	3/29/0	5 8502	09 1147