2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-02-2004 90143 044 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000056887

1. Entity Name

LABELLE RANCH & FARM, LLC

Principal Place of Business	Mailing Address
5514 PARK BLVD. PINELLAS PARK FL 33781 US	5514 PARK BLVD. PINELLAS PARK FL 33781 US

2. Principal Place of Business: B Road	3. Mailing Address: c/o R. Santerre
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 500 5th Ave So #522
City & State: Labelle, FL	City & State: Naples FL
Zip: 33975 Country: Hendry	Zip: 34102 Country: Collier

4. FEI Number: 20-4548749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, DONALD P
100 SECOND AVE. SOUTH
SUITE 200-S
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 ____________
Signature, typed or printed name of registered agent and title if applicable. (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, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	L. James Santerre President 1710 B Road Labelle, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Estate of Barry Santerre Richard Santerre VPresident 500 5th Ave So. #522 Naples, FL 34102 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] Richard Santerre 2-19-04 239 262 2800

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