2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 25, 2005 8:00 am
Secretary of State

07-20-2005 90066 013 ****50.00

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1. Entity Name
HOWZE RANCH, L.L.C.

30010882

06302005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1620 99TH ST. N.W. BRADENTON, FL 34209	1620 99TH ST. N.W. BRADENTON, FL 34209

2. Principal Place of Business	3. Mailing Address
33175 Hwy 70 E	5406 26th St W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Myakka City, Fla	City & State: Bradenton, Fla
Zip: 34251 Country:	Zip: 34207 Country:

4. FEI Number: 20-0913838 ☐ Applied For ☐ Not Applicable

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
MCGINNESS, W LEE 1800 SECOND ST, STE 971 SARASOTA, FL 34236	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

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas A Howze, Trustee of the Thomas A. Howze Trust 2003 1620 99th St W Bradenton, Fla 34209 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sharon B Howze, Trustee of the Sharon B Howze Trust 2003 1620 99th St W Bradenton, Fla 34205 ☐ 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
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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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: Thomas A Howze July 6, 2005 941-753-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #