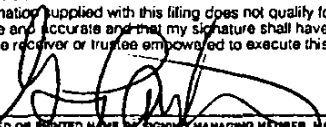


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-28-2005 90288 025 ****50.00

DOCUMENT # L04000021729 1. Entity Name MINERAL BRANCH RANCH, LLC					
Principal Place of Business 3500 SHINN ROAD FT. PIERCE, FL 34945			Mailing Address P.O. BOX 14049 FT. PIERCE, FL 34979		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282005 Chg-LLC CR2E083 (10/03) 4. FEI Number 46-1620813	
5. Certificate of Status Desired - ☐ Applied For ☐ Not Applicable				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PANTUSO, GEORGE T 3500 SHINN ROAD FT. PIERCE, FL 34945			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	
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	
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: 			George Pantuso 3/24/05 772-461-8868		

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