2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L04000024778

Entity Name: PORT CHARLOTTE RANCH, LLC

Current Principal Place of Business:

1597 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

100 SW ALBANY AVE.
SUITE 110
STUART, FL 34994

Current Mailing Address:

1597 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Mailing Address:

100 SW ALBANY AVE.
SUITE 110
STUART, FL 34994

FEI Number: 86-1102374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFFER, MARTIN
1597 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

SCHAFFER, MARTIN
100 SW ALBANY AVE.
SUITE 110
STUART, FL 34994 US

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.

SIGNATURE: _____ 04/25/2005

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	UNIVERSAL DEVELOPMEN, T OF FLORIDA, L .L.C.	
Address:	1597 SE PORT ST LUCIE BLVD.	
City-St-Zip:	PORT ST. LUCIE, FL 34952	
Title:	MGRM	( ) Delete
Name:	TCA, LLC,	
Address:	5907 MYRTLE DR.	
City-St-Zip:	FT. PIERCE, FL 34982	
Title:	MGRM	(X) Delete
Name:	PHILLIPS, HOWARD	
Address:	8196 MUIRHEAD CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	MGRM	(X) Delete
Name:	PHILLIPS, LYDIA	
Address:	8196 MUIRHEAD CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	MGRM	(X) Delete
Name:	FIRST MAERICAN FUNDI, NG, INC.	
Address:	8231 MUIRHEAD CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	MGRM	( ) Delete
Name:	ZARRO, PASQUALE	
Address:	729 S. FEDERAL HIGHWAY STE. 200	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	SCHAFFER, MARTIN	
Address:	100 SW ALBANY AVE., SUITE 110	
City-St-Zip:	STUART, FL 34994	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARTIN SCHAFFER MGRM 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date