

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/9/2008-90031-013-\$538.75-\$538.75

DOCUMENT # L04000040112	
1. Entity Name 2 G RANCH, LLC	



FILED

2008 SEP 24 AM 11:19

SECRETARY OF STATE
TALL

2nd MOORE CR2E083 (4/08)

Principal Place of Business 7438 SW ALBRITTON STREET ARCADIA FL 34266 US	Mailing Address 7438 SW ALBRITTON STREET ARCADIA FL 34266 US
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2. Principal Place of Business - No P.O. Box # 7438 SW Albritton St	3. Mailing Address 7438 SW Albritton St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Arcadia FL	City & State Arcadia, FL
Zip 34266	Zip 34266
Country America	Country America

4. FEI Number 59-3759293	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AMES, CPA, CFP, ANDREW T 128 WEST OAK STREET ARCADIA FL 34266	
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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 registering) DATE: _____

<p>FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008</p>	<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input type="checkbox"/></p>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREEN, RICHARD 7438 SW ALBRITTON STREET ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard Green</u>	Date: <u>9-21-08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	