


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90253 037 ****50.00

DOCUMENT # L04000044289	
1. Entity Name ROCKING HORSE RANCH CAPITAL GROUP LLC	

Principal Place of Business 1970 122ND AVENUE VERO BEACH, FL 32966	Mailing Address PO BOX 1328 VERO BEACH, FL 32961-1328 US
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2. Principal Place of Business - No P.O. Box # 3885 - 20th Street	3. Mailing Address P.O. Box 5200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32960	Country USA
Zip 32961	Country USA



04162007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent BYNUM, J. KEVIN 1970 122ND AVENUE VERO BEACH, FL 32966	7. Name and Address of New Registered Agent Name Kelly Chad Street Address (P.O. Box Number is Not Acceptable) 750 Lake Drive City Vero Beach FL Zip Code 32963
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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 *Chad G* (NOTE: Registered Agent signature required when reinstating) DATE 5-1-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PREMIER INTERNATIONAL LAND DEVELOPMENT, LLC 1970 122ND AVENUE VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Kelly, Chad P.O. Box 5200 Vero Beach, FL 32961 <input type="checkbox"/> Change <input checked="" 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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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: *Chad G* Date 5-1-07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE