

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90289 021 ****50.00

DOCUMENT # L04000044912



1. Entity Name

RANCH ROAD LAKE, L.L.C.

Principal Place of Business

2020 OLD DIXIE HIGHWAY, SE, SUITE 4
VERO BEACH, FL 32962

Mailing Address

2020 OLD DIXIE HIGHWAY, SE, SUITE 4
VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1313311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRK, WILLIAM N
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SMITH, STEPHEN T
STREET ADDRESS 2020 OLD DIXIE HWY SE, SUITE 4
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE MGRM
NAME HAZEL, DOUGLAS
STREET ADDRESS 2020 OLD DIXIE HWY SE, SUITE 4
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Stephen T. Smith, Managing Member 3/15/06 772.563.0307