

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073706

FILED
Apr 30, 2007
Secretary of State

Entity Name: RANSOME REALTY HOLDINGS, LLC

Current Principal Place of Business:

3306 SW 26TH AVENUE
BUILDING 403
OCALA, FL 34474

New Principal Place of Business:

2802 SE 19TH CT
OCALA, FL 34474

Current Mailing Address:

3306 SW 26TH AVENUE
BUILDING 403
OCALA, FL 34474

New Mailing Address:

PO BOX 3098
OCALA, FL 34478

FEI Number: 01-0823381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE RANSOME GROUP LLC
3306 SW 26TH AVENUE
BUILDING 403
OCALA, FL 34474 US

Name and Address of New Registered Agent:

THE RANSOME GROUP LLC
2802 SE 19TH CT
OCALA, FL 34471 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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE RANSOME GROUP LL, C
Address: 3306 SW 26TH AVENUE #403
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE RANSOME DEVELOPM, ENT CO, BY D. R ANSOME
Address: PO BOX 3098
City-St-Zip: OCALA, FL 34478

Title: MGR () Change (X) Addition
Name: RANSOME, DAWSON
Address: PO BOX 3098
City-St-Zip: OCALA, FL 34478 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAWSON RANSOME

MGR

04/30/2007

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