2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000076361

1. Entity Name
MID SOUTH RANCHES, LLC

Principal Place of Business	Mailing Address
931 OAKLAND AVE OAKLAND, FL 34760	P.O. BOX 771399 WINTER GARDEN, FL 34777

04182006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1786803
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIN, WILLIAM R
12824 COUNTY ROAD 561 SOUTH
CLERMONT, FL 34712

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LEWIN, WILLIAM R
STREET ADDRESS	12824 COUNTY RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGR
NAME	CONOLEY, E B
STREET ADDRESS	1754 TURNBERRY TERRACE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	MGR
NAME	PAFFRATH, KEVIN
STREET ADDRESS	598 SHANNON RD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80115-008 50.00

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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: William Lewin 4-18-06 407-656-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #