2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# L04000076361

Entity Name: MID SOUTH RANCHES, LLC

Current Principal Place of Business:

931 OAKLAND AVE
OAKLAND, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771399
WINTER GARDEN, FL 34777

New Mailing Address:

FEI Number: 20-1786803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LEWIN, WILLIAM R	
Address:	12824 COUNTY RD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	MGR	( ) Delete
Name:	CONOLEY, E B	
Address:	1754 TURNBERRY TERRACE	
City-St-Zip:	ORLANDO, FL 32804	
Title:	MGR	( ) Delete
Name:	PAFFRATH, KEVIN	
Address:	598 SHANNON RD	
City-St-Zip:	ORLANDO, FL 32806	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WILLIAM R. LEWIN MGR 02/13/2009

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