

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001589

FILED
Apr 30, 2008
Secretary of State

Entity Name: A.G. RANZ ENTERPRISES, LLC

Current Principal Place of Business:

4251 73RD ROAD N.
371
WEST PALM BEACH, FL 33404

Current Mailing Address:

4251 73RD ROAD N.
371
WEST PALM BEACH, FL 33404

New Principal Place of Business:

4251 73RD N.
371
WEST PALM BEACH, FL 33404

New Mailing Address:

4251 73RD N.
371
WEST PALM BEACH, FL 33404

FEI Number: 20-2106643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, JAMES
3515 VILLAGE BLVD.
SUITE 205
WEST PALM BEACH, FL 33409 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: MGRM () Delete
Name: RANSOM, AURELIUS
Address: 4251 73RD ROAD N.
City-St-Zip: WEST PALM BEACH, FL 33404

Title: MGRM () Delete
Name: RANSOM, GAIL
Address: 4251 73RD ROAD N.
City-St-Zip: WEST PALM BEACH, FL 33404

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RANSOM, AURELIUS
Address: 4251 73RD N. #371
City-St-Zip: WEST PALM BEACH, FL 33404

Title: MGRM (X) Change () Addition
Name: RANSOM, GAIL
Address: 4251 73RD N. #371
City-St-Zip: WEST PALM BEACH, FL 33404

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: GAIL RANSOM

MGRM

04/30/2008

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