-2006 LIMITED LIABILITY COMPANY

SIGNATURÉ

Mar 06, 2006 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # L05000001853 03-06-2006 90198 002 ****50.00 1. Entity Name S BAR DOUBLE J RANCH LLC Principal Place of Business Mailing Address 6036 Jampa C Ellonfon T 2. Principal Place of Business 1125 Sai Mailing Address Suite Ant # etc. Suite. Apt. #. etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent its registered office or registered agent, or both, in the State of Florida. I am familiar (NOTE: Registered Agent agnature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C15Y-S1-71P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP me ☐ Deter HILE ☐ Change _____Addktion NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME MARAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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February 20, 2006

S BAR DOUBLE J RANCH LLC 6035 LAUREL CR TRL ELLENTON, FL 34222

Subject: S BAR DOUBLE J RANCH LLC

Reference Number:

£05000001853)

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

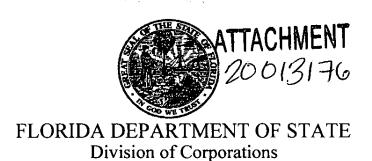
Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the



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Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION