

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90198 002 \*\*\*\*50.00

<b>DOCUMENT # L05000001853</b>					
<b>1. Entity Name</b> S BAR DOUBLE J RANCH LLC					
<b>Principal Place of Business</b> 6350 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34688 6035 Laurel Crk Trl Ellenton, FL 34222			<b>Mailing Address</b> 6350 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34688 6035 Laurel Crk Trail Ellenton, FL 34222		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		1st MOORE CR2E083 (10/05)	
<b>4. FEE Number</b> 562496942				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
GASWELL, CHRIS James Foster 2964 FRUITVILLE ROAD SARASOTA FL 34231 6035 Laurel Crk Trl Ellenton FL 34222				<b>7. Name and Address of New Registered Agent</b> Name: James Foster Street Address (P.O. Box Number is Not Acceptable): 6035 Laurel Crk Trl City: Ellenton FL Zip Code: 34222	
<b>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.</b> SIGNATURE:					
(NOTE: Registered Agent signature required when registering)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manage James Foster 6035 Laurel Crk Trl Ellenton FL 34222	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 3/2/06					



ATTACHMENT

20013176

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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: 105000001853

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** 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