


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000010574</b> 1. Entity Name <b>5D RANCH, LLC</b>																																		
Principal Place of Business <b>1350 ROBERTS BAY LANE SARASOTA, FL 34242</b>	Mailing Address <b>1350 ROBERTS BAY LANE SARASOTA, FL 34242</b>																																	
<div style="display: flex; justify-content: space-between;"> <span>07062007 No Chg-LLC</span> <span>CR2E083 (11/05)</span> </div>																																		
4. FEI Number <b>20-2265281</b>		Applied For <input type="checkbox"/> Not Applicable																																
5. Certificate of Status Desired <b>NO</b> <b>\$5.00</b> Additional Fee Required																																		
<b>6. Name and Address of Current Registered Agent</b>  <b>DESROSIERS, FAYE I 1350 ROBERTS BAY LANE SARASOTA, FL 34242</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.  SIGNATURE: <u><i>Faye I Desrosiers</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">09 July 2007</span> <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																		
<div style="display: flex; justify-content: space-between;"> <div> <b>Filing Fee is \$50.00</b>  <b>Due by September 14, 2007</b> </div> <div> <i>PA. CR. 1014</i>  <i>09 July 2007</i> </div> <div> <b>000000769082</b>  <b>07/16/07-80013-010 50.00</b> </div> </div>																																		
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>MGR</td> </tr> <tr> <td>NAME</td> <td>DESROSIERS, FAYE I</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1350 ROBERTS BAY LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> </tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>			TITLE	MGR	NAME	DESROSIERS, FAYE I	STREET ADDRESS	1350 ROBERTS BAY LANE	CITY-ST-ZIP	SARASOTA, FL 34242	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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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.  <b>SIGNATURE:</b> <u><i>Faye I Desrosiers MGR</i></u> <span style="float: right;">09 July 2007</span> <span style="float: right;">941-349-2054</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>																																		