


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000012852</b> 1. Entity Name SMOKEHOUSE RANCH, LLC	
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Principal Place of Business 6585 SUNNYSIDE DR LEESBURG, FL 34748	Mailing Address PO BOX 490417 LEESBURG, FL 34749-0417
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**DO NOT WRITE IN THIS SPACE**



03042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 35-2247045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN, ANDREW T  
6585 SUNNYSIDE DR  
LEESBURG, FL 34748

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAUN, ANDREW T 6585 SUNNYSIDE DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEYERS, ROGER 1307 S. 9TH ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMES, LAWRENCE D 1640 LOVES POINT DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDAWAY, WADE 120 S 2ND ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, DAVID A 05634 E. HARBOR DR FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000850295  
03/21/08-80057-023 138.75

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  **3/5/08 352-267-4632**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #