2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012852

Entity Name: SMOKEHOUSE RANCH, LLC

MARSHALL, DAVID A

05634 E. HARBOR DR

FRUITLAND PARK, FL 34731

Name:

Address:

City-St-Zip:

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6585 SUNNYSIDE DR LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** PO BOX 490417 LEESBURG, FL 347490417 FEI Number: 35-2247045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAUN, ANDREW T 6585 SUNNYSIDE DR LEESBURG, FL 34748 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BRAUN, ANDREW T Name: Name: 6585 SUNNYSIDE DR Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BEYERS, ROGER Name: Address: 1307 S. 9TH ST Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HUMES, LAWRENCE D Name: Name: Address: 1640 LOVES POINT DR Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: HARDAWAY, WADE Name: Address: 120 S 2ND ST Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: MGRM Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW T. BRAUN MGRM 01/27/2009