


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90065 046 ***138.75

DOCUMENT # L05000014334			
1. Entity Name THUNDER RANCH, LLC			
Principal Place of Business 1364 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34983 US		Mailing Address 1364 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34983 US	
2. Principal Place of Business - No P.O. Box # 11146 Lands End Chase Suite, Apt. #, etc.		3. Mailing Address 11146 Lands End Chase Suite, Apt. #, etc.	
City & State Port St Lucie FL Zip 34986 Country USA		City & State Port St. Lucie FL Zip 34986 Country USA	
4. FEI Number 20-2432319		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNGEY, RICHARD J 3473 SE WILLOUGHBY BLVD STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINN, ROGER 1364 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04152008 Chg-LLC CR2E083 (12/06)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROGER WINN 4/14/08 772-201-7893