## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 11, 2007 08:00 A Secretary of State

ANNUAL REPORT				Secretary of St		
1. Entity Nan					J =	
RANCH	CLUB ESTATES, LLC					
Principal Plac	ce at Business	Mailing Address	•			
300 EAST H		300 EAST HIGHWAY 50	İ			
CLERMONT,	rL 34/11	CLERMONT, FL 34711	}			
Anthroporougastie van		organistics of the second of t	4000,000 S. A.			
				!	III 1184 OUH BIOI OIBH DIION HA EEDI	
r	NO NOT WE	ITE IAI TUIC OF	MCE	03302007 No Chg-LLC	CR2E083 (11/05)	
DO NOT WRITE IN THIS			AUE	4. FEI Number 20-2522812	Applied For Not Applicable	
					\$5.00 Augus-1	
				5. Certificate of Status Desired	Fee Required	
	6. Name and Address of	Current Registered Agent				
VALLERY, MARK G				DO NOT WR	ITE:	
300 EAST HIGHWAY 50 CLERMONT, FL 34711						
	,			IN THIS SPA	(CE	
8. The above	named entity submits this state	ement for the purpose of changing its re	gistered office or register	ed agent, or both, in the State of Florida	a. I am familiar with, and accept	
the obliga	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of regist	INOTE O	and the same of an art of		DAYE	
	iling Fee is \$50.00	GROVE OF CHARLES OF STREET, ST	legistered Agent eignature required	weight (garactions)	UATE	
	ue by May 1, 2007					
9.	<del></del>	MEMBERS/MANAGERS				
TITLE NAME	MGRM VALLERY FLORIDA HOL	DING COMPANY				
STREET ADDRESS	300 EAST HIGHWAY 50	DING COMPANT				
CHTY-ST-ZIP	CLERMONT, FL 34711					
TITLE				). Cavatva	0699122 -80030-003,50.00	
NAME STREET ADDRESS	ļ			35 CTV 437.UT		
CHY-ST-ZIP	1					
NILE		· · · · · · · · · · · · · · · · · · ·				
NAME						
STREET ADDRESS CITY-ST-ZIP	]			DO NOT WR	ME	
TITLE		<u></u>			FRANCISCO SERVICIONES	
NAME				IN THIS SPA	ICE	
STREET ADDRESS						
CHY-ST-ZIP						
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP	1	•				

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGENE MEMBER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4/6/07 352-394-0614

Daytme Phone a