


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000028184

1. Entity Name
COLD NOSE CAMP, LLC



Principal Place of Business 1815 N. TAYLOR ROAD BRANDON, FL 33510	Mailing Address 1815 N. TAYLOR ROAD BRANDON, FL 33510
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE <i>N/A</i>	Applied For <input checked="" 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

RATLIFF, GARY H
 1815 N. TAYLOR ROAD
 BRANDON, FL 33510

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RATLIFF, GARY 1815 N. TAYLOR ROAD BRANDON, FL 33510
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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.

SIGNATURE: *Gary H. Ratliff* **GARY H. RATLIFF** **JAN. 9, 2007 (813) 685-0013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #