2007 LIMITED LIABILITY COMPANY

FILED Jun 11, 2007 8:00 am

ANNUAL REPORT							Secretary of State			
1. Entity Nam	ne	# L05000034 ANCH, LLC	381				06-11-2007	90108 032 ****5	50.00	
Principal Place of Business 4125 FOREST DRIVE MULBERRY, FL 33860			Mailing Address 4125 FOREST DRIVE MULBERRY, FL 33860		50001709					
2. Principal Place of Business - No P.O. Box # 4000 N. Con SEE Lel Suite, Apt. #, etc.			3. Mailing Address HOOO N. CONDE E Rol Suite, Apt. #, etc.		05222007	Chg-LLC	CR2E083 (12/06)			
City & State			City & State Lan Elano, PC		4. FEI Numi 74-31			pplied For ot Applicable		
	Zip 33805 Country		3380S	Country		<u> </u>	e of Status Desired	S5.00 Ad Fee Require	ditional	
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent					
DELLAPORTA, KARI 4125 FOREST DRIVE MULBERRY, FL 33860					Street Address (P.O. Box Number is Not Acceptable)					
					City La her en o FL Zip Code					
8. The above the obligat	ions of registe	efed agent. Bulle	the purpose of changing its	_	J			rida. I am familiar with	305 , and accept	
Filing Fee is \$50.00 Due by September 14, 2007					Agent signature require	ed when reinstating)	Florida	e check payable to Department of Sta	te	
9.	MANAGING MEMBERS/MANAGERS MGRM		10.			ADDITIONS/				
NAME STREET ADDRESS CITY-ST-ZIP	DELLAPO 4125 FOR	RTA, KARI EST DRIVE RY, FL 33860	Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELLAPORTA, JEFF 4125 FOREST DRIVE		TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bulloch Julie Delete 4000 N. CombeeRd Lakeland, Fr 33865		TITLE NAME STREET CITY-S	ADDRESS I-ZIP	☐ Chang		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deløle	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addilion	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	111LE NAME STREET CITY-S	ADDRESS II-ZIP		<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS			☐ Change	Addition	

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: SIGNATURE OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

attachment 5000/70

STEPHEN M. KNAPP ATTORNEY AT LAW

P.O. BOX 6422 LAKELAND, FL 33807-6422 TELEPHONE (863) 644-5555 FAX (863) 644-9779

June 7, 2007

Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL

RE:

Annual Report for Little Hands Ranch, LLC

Our File No: 4289

Dear Gentlemen/Madam:

Please find enclosed the 2007 Limited Liability Company Annual Report for Little Hands Ranch, LLC along with a check in the amount of fifty dollars to cover the filing fee.

If you have any questions or concerns please contact my office between 8:00 a.m. and 4:00 p.m. Monday thru Thursday and 8:00 a.m. to 3:00 p.m. on Friday at the above number.

Thank you for your time and effort in this matter.

typien m Knapp

Sincerely,

Stephen M. Knapp, Esquire

SMK/cst

Enclosure: As stated above