


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90038 037 \*\*\*\*50.00

DOCUMENT # L05000034460  
 1. Entity Name  
 SEMINOLE RANCHES, LLC



Principal Place of Business      Mailing Address  
 16631 NORTH RIVER RD.      16631 NORTH RIVER RD.  
 ALVA FL 33920      ALVA FL 33920



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/06)

City & State      City & State

4. FEI Number      Applied For  
 NO-T APPLICABLE      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
 FORMAN, ROBERT S  
 1715 MONROE STREET  
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent  
 Name Greg W. Eagle  
 Street Address (P.O. Box Number is Not Acceptable)  
 3818 Del Prado Blvd. S.  
 City Cape Coral      FL      Zip Code 33904

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 DW E      DATE 4-16-07  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME BARBER, ROBERT S	
STREET ADDRESS 21550 RIVER RANCH ROAD	
CITY - ST - ZIP ESTERO FL 33928	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Greg W. Eagle	
STREET ADDRESS 3818 Del Prado Blvd. S	
CITY - ST - ZIP Cape Coral, FL 33904	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DW E      DATE 4-16-07      DAYTIME PHONE # 239-542-2330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #