

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # L05000036081

1. Entity Name
WANDERING STAR ALPACA RANCH, LLC



Principal Place of Business
**11259 SAVIORS WAY
BROOKSVILLE, FL 34601**

Mailing Address
**P.O. BOX 369
BROOKSVILLE, FL 34605**



03122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1979799

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STERN, PHILIP L
11259 SAVIORS WAY
BROOKSVILLE, FL 34601**

**DO NOT WRITE
IN THIS SPACE**

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

Philip L. Stern

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/17/07

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STERN, PHILIP L
11259 SAVIORS WAY
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STERN, EVELETT R
11259 SAVIORS WAY
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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05/31/07-80014-007 50.00

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:

Philip L. Stern

PHILIP L. STERN

5/17/07

352-797-9770

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

Date

Daytime Phone #