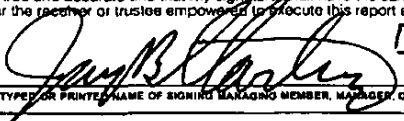


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 29, 2006 8:00 am
Secretary of State

03-08-2006 90040 019 ****50.00

DOCUMENT # L05000048193 1. Entity Name STARKEY RANCH INVESTMENT COMPANY, LLC					
Principal Place of Business 12959 STATE ROAD 54 ODESSA, FL 33556			Mailing Address 12959 STATE ROAD 54 ODESSA, FL 33556		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, RANDELL M 315 S. HYDE PARK AVENUE TAMPA, FL 33616			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President		TITLE		
NAME	Jay B. Starkey, Jr.		NAME		
STREET ADDRESS	12959 SR 54		STREET ADDRESS		
CITY- ST- ZIP	Odessa, FL 33556		CITY- ST- ZIP		
TITLE	V.P.		TITLE		
NAME	Trey Starkey		NAME		
STREET ADDRESS	12959 SR 54		STREET ADDRESS		
CITY- ST- ZIP	Odessa, FL 33556		CITY- ST- ZIP		
TITLE	V.P.		TITLE		
NAME	Frank Starkey		NAME		
STREET ADDRESS	12959 State Road 54		STREET ADDRESS		
CITY- ST- ZIP	Odessa, FL 33556		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			3/1/06		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30003676



.01312006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2859949** Applied For
Not Applicable

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