2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90101 031 ***138.75

DOCUMENT # L05000057667

1. Entity Name
THORNHILL'S CIRCLE T RANCH, LLC

Principal Place of Business
1147 INTERLOCHEN BLVD.
WINTER HAVEN FL 33884

Mailing Address
1147 INTERLOCHEN BLVD.
WINTER HAVEN FL 33884

— Same —

2. Principal Place of Business - No P.O. Box #
1155 Interlochen Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1155 Interlochen Blvd.
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: Winter Haven, FL
Zip: 33884 Country: USA

City & State: Winter Haven, FL
Zip: 33884 Country: USA

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

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

6. Name and Address of Current Registered Agent

THORNHILL, G. CONLEY JR
1147 INTERLOCHEN BLVD.
WINTER HAVEN FL 33884

new address
Street # change

7. Name and Address of New Registered Agent

Name: (Same) Thornhill, G. Conley Jr.
Street Address (P.O. Box Number is Not Acceptable): 1155 Interlochen Blvd
City: Winter Haven FL Zip Code: 33884

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] 2/22/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	THORNHILL, G. CONLEY JR Same	same
STREET ADDRESS	1147 INTERLOCHEN BLVD.	new
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	☑ Change ☐ Addition
NAME	Thornhill, G. Conley, Jr.	
STREET ADDRESS	1155 Interlochen Blvd.	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature] 2/22/08 863-401-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #