2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

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Entity Name: SCHREIBER RANCH, LLC

Current Principal Place of Business:

335 SW ZEBRA TERRACE
LAKE CITY, FL 32024

New Principal Place of Business:

4267 NW LASSIE BLACK ST.
WHITE SPRINGS, FL 32096

Current Mailing Address:

335 SW ZEBRA TERRACE
LAKE CITY, FL 32024

New Mailing Address:

4267 NW LASSIE BLACK ST.
WHITE SPRINGS, FL 32096

FEI Number: 20-4622495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METCALF, DAVID J
1677 MANHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: SCHREIBER, BRIAN P
Address: 335 SW ZEBRA TERRACE
City-St-Zip: LAKE CITY, FL 32024 US

Title: SEC ( ) Delete
Name: SCHREIBER, KATHERINE L
Address: 335 SW ZEBRA TERRACE
City-St-Zip: LAKE CITY, FL 32024 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: SCHREIBER, BRIAN P
Address: 4267 NW LASSIE BLACK ST.
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: SEC (X) Change ( ) Addition
Name: SCHREIBER, KATHERINE L
Address: 4267 NW LASSIE BLACK ST.
City-St-Zip: WHITE SPRINGS, FL 32096 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHERINE L. SCHREIBER SEC 04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date