

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90044 022 ****50.00

DOCUMENT # L05000064698 1. Entity Name RUSS PUTNAL RANCHES, LLC			
Principal Place of Business 10755 RUSS ROAD MYAKKA CITY, FL 34251		Mailing Address 10755 RUSS ROAD MYAKKA CITY, FL 34251	
2. Principal Place of Business 10755 Russ Rd. Suite, Apt. #, etc.		3. Mailing Address 10755 Russ Rd. Suite, Apt. #, etc.	
City & State Myakka City, FL		City & State Myakka City, FL	
Zip 34251		Zip 34251	
Country Manatee		Country Manatee	
4. FEI Number 267-46-1484		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PUTNAL, R. RUSS 10755 RUSS ROAD MYAKKA CITY, FL 34251		7. Name and Address of New Registered Agent 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: <i>R Russ Putnal</i> Signature, typed or printed name of registered agent and title if applicable 8-11-06 DATE			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Assistant Manager Dixie Nesland 28950 Singletary Rd Myakka City, FL 34251	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Dixie Nesland	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Assistant manager Troy Wade	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Assistant manager Dixie Nesland 28950 Singletary Rd. Myakka City, FL 34251	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary / Book Keeper Rose Wade	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Assistant manager Zach Putnal 10755 Russ Rd. Myakka City, FL 34251	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>R Russ Putnal</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		8-11-06 Date	
Daytime Phone #			