

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/28/2006-90107-029-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:44

DOCUMENT # L05000065132			
1. Entity Name SOUTH BEAR POINTE RANCHES, LLC			
Principal Place of Business 179 SOUTH BEAR POINTE LAKE PLACID, FL 33852 US		Mailing Address 3689 GULFSTREAM WAY DAVIE, FL 33328 US	
2. Principal Place of Business 3689 GULFSTREAM WAY		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE FL		City & State	
Zip 33328		Country US	
3. Name and Address of Current Registered Agent LUNSFORD, LARRY W 3689 GULFSTREAM WAY DAVIE, FL 33328		4. FEI Number 20-3287089	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
(NOTE: Registered Agent signature required when reappointing)			
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	MGRM LUNSFORD, LARRY W 3689 GULFSTREAM WAY DAVIE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: 		LARRY W. LUNSFORD, MGRM 8/28/2006 954-680-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	