

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065132

FILED
Feb 27, 2009
Secretary of State

Entity Name: SOUTH BEAR POINTE RANCHES, LLC

Current Principal Place of Business:

3689 GULFSTREAM WAY
DAVIE, FL 33328 US

New Principal Place of Business:

179 SOUTH BEAR POINTE DRIVE
LAKE PLACID, FL 33852 US

Current Mailing Address:

3689 GULFSTREAM WAY
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 20-3287089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNSFORD, LARRY W
3689 GULFSTREAM WAY
DAVIE, FL 33328 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: MGRM () Delete
Name: LUNSFORD, LARRY W
Address: 3689 GULFSTREAM WAY
City-St-Zip: DAVIE, FL 33328 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PALAZZOLO, JEROME MGR
Address: 11528 WATER OAK PL
City-St-Zip: DAVIE, FL 33328 US

Title: MGR () Change (X) Addition
Name: PRIETO, VICTOR R MGR
Address: 167 S. BEAR POINTE DR.
City-St-Zip: LAKE PLACID, FL 33852 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: LARRY LUNSFORD

MGRM

02/27/2009

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