


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State


DOCUMENT # L05000071279
 1. Entity Name
 CASCADE RANCH LLC



Principal Place of Business
 400 N. NEW YORK AVE., SUITE 108
 WINTER PARK, FL 32789

Mailing Address
 P.O. BOX 508
 WINTER PARK, FL 32790

DO NOT WRITE IN THIS SPACE



04142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 16-1728956	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEYBOLD, NICOLE HIERS
 400 N. NEW YORK AVE., SUITE 108
 WINTER PARK, FL 32789

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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 *N Seybold* Nicole Hiers Seybold 04-14-08
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

000000901484
 04/29/08-80070-008 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEYBOLD, NICOLE HIERS 400 N NEW YORK AVE, SUITE 108 WINTER PARK, FL 32789
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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: *N Seybold* Nicole Hiers Seybold 04-14-08 407-294-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #