2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088670

1. Entity Name

FOX HAT RANCH, LLC

Principal Place of Business

MYAKKA CITY, FL 34251

30621 BETTS ROAD

Mailing Address

30621 BETTS ROAD

MYAKKA CITY, FL 34251 US

FILED

Apr 28, 2008 08:00 AN Secretary of State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-3438584 Not Applied be \$5.00 Additional

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

MANAGING MEMBERS/MANAGERS

MONAHAN, MICHAEL W 30621 BETTS ROAD MYAKKA CITY, FL 34251 DO NOT WRITE IN THIS SPACE

04062008 No Chg-LLC

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.	
	· · ·	
c.	CNATURE	

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

	NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONAHAN, MICHAEL W 30621 BETTS ROAD MYAKKA CITY, FL 34251	
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11. I hereby certify that the information supplied with this filling does not qualify for the e			

U00000925512 05/20/08-80029-016 138.75

DATE

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/8 9

Davime Phone #