

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90183 012 \*\*\*\*50.00

**DOCUMENT # L05000111604**

1. Entity Name  
**GMMS INVESTMENT GROUP, LLC**



Principal Place of Business  
**6231 SW 38 STREET  
DAVIE, FL 33314 US**

Mailing Address  
**6231 SW 38 STREET  
DAVIE, FL 33314 US**



2. Principal Place of Business - No P.O. Box #  
**599 Sunset Pointe Drive**

3. Mailing Address  
**599 Sunset Pointe Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112007 Chg-LLC CR2E083 (12/06)

City & State  
**Lake Placid, FL**

City & State  
**Lake Placid, FL**

4. FEI Number  
**57-1226628**

Applied For  
Not Applicable

Zip  
**33852**

Country  
**USA**

Zip  
**33852**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ELLIS, SETH E PA  
2385 EXECUTIVE CENTER DRIVE,  
SUITE 190  
BOCA RATON, FL 33431**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **RANCH MANAGEMENT OF HIGHLANDS COUNTY, LLC**  
STREET ADDRESS **2385 EXECUTIVE CENTER DRIVE STE 190**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **MGR** ☒ Delete  
NAME **MCLAUGHLIN, LEANNE**  
STREET ADDRESS **2941 SW 87 AVE., UNIT 413**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **MGR** ☒ Delete  
NAME **GASTWIRTH, ED**  
STREET ADDRESS **411 SW 7 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33015**

TITLE **MGR** ☒ Delete  
NAME **MURPHY, ROBERT**  
STREET ADDRESS **4400 NW 4 COURT**  
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE **MGR** ☒ Delete  
NAME **SUTTON, BARBARA**  
STREET ADDRESS **660 NW 37 STREET**  
CITY-ST-ZIP **POMPAHO BEACH, FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Ranch Management of Highlands County LLC**  
STREET ADDRESS **599 Sunset Pointe Drive**  
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

*Kenneth Leblanc*  
**Kenneth Leblanc**

Date

Daytime Phone #

*2/13/07*  
**2/13/07**