

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90041 037 ****50.00

DOCUMENT # L05000113548

1. Entity Name
RANCH MANAGEMENT OF HIGHLANDS COUNTY, LLC



Principal Place of Business
**2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 3343**

Mailing Address
**2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 3343**



2. Principal Place of Business
599 Sunset Pointe Drive
Suite, Apt. #, etc.

3. Mailing Address
599 Sunset Pointe Drive
Suite, Apt. #, etc.

03172006 Chg-LLC CR2E083 (11/05)

City & State
Lake Placid, FL

City & State
Lake Placid, FL

4. FEI Number
20-3848120

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

**SETH E. ELLIS, P.A.
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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
Ken Leblanc
599 Sunset Pointe Drive
Lake Placid, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
Douglas Relick
1325 49th Avenue
Vero Beach, FL 32966**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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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:

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

4/7/06

Date

863 610 2202

Daytime Phone #