

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2006 90041 034 ****50.00

DOCUMENT # L05000113558

1. Entity Name
ANDREWS RANCH, LLC



Principal Place of Business
**2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 33431**

Mailing Address
**2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 33431**

20026991



03172006 Chg-LLC CR2E083 (11/05)

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

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

City & State
Lake Placid, FL

City & State
Lake Placid, FL

4. FEI Number
20-3848174

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

7. Name and Address of New Registered Agent

**ELLIS, SETH E ESQ.
C/O SETH E. ELLIS, P.A.
2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 33431**

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
**MGRM
RANCH HIGHLANDS MANAGEMENT, LLC
2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 33431** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Daytime Phone #

**863
610-2202**