

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000113558

1. Entity Name
 ANDREWS RANCH, LLC



Principal Place of Business

599 SUNSET POINTE DR
 LAKE PLACID, FL 33852

Mailing Address

599 SUNSET POINTE DR
 LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-3848174

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
 IN THIS SPACE**

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 _____

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

000000954009
 03/26/08-80091-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RANCH HIGHLANDS MANAGEMENT, LLC
STREET ADDRESS	599 SUNSET POINTE DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Ken Leblanc

3/7/08

Date

863-610-2202

Daytime Phone #