2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90044 003 ****50.00 **DOCUMENT # L05000113564** PSK RANCH, LLC Principal Place of Business Mailing Address 20027124 2385 EXECUTIVE CENTER DRIVE, SUITE 190 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address 599 Sunset Pointe Drive 599 Sunset Pointe Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03172006 Chg-LLC · CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 20-3849098 Lake Placid, FL Lake Placid, FI. Not Applicable Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired 33852 USA 33852 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELLIS, SETH E ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O SETH E. ELLIS, P.A 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431 City Zip Code FL 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 Make check payable to Filing Fee Is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Addition X Change TITLE TITLE MGRM Ranch Management of Highlands County LLC 599 Sunset Pointe Drive Lake Placid, FL 33852 RANCH MANAGEMENT OF HIGHLANDS COUNTY, LLC NAME NAME STREET ADDRESS 2385 EXECUTIVE CENTER DRIVE, SUITE 190 STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

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.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

C/TY-ST-7IP TITLE

STREET ADDRESS CITY-ST-ZIP

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

☐ Delete

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FILED