


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90275 022 \*\*\*\*50.00

<b>DOCUMENT # L05000113566</b>	
1. Entity Name <b>BEAR POINTE, LLC</b>	

Principal Place of Business <b>2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431</b>	Mailing Address <b>2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431</b>
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2. Principal Place of Business <b>599 Sunset Pointe Drive</b>	3. Mailing Address <b>599 Sunset Pointe Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake Placid, FL</b>	City & State <b>Lake Placid, FL</b>
Zip <b>33852</b>	Country <b>USA</b>



03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3848830</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ELLIS, SET'E ESQ. C/O SETH E. ELLIS, P.A. 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete <b>RANCH MANAGEMENT OF HIGHLANDS COUNTY, LLC 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ranch Management of Highlands County LLC 599 Sunset Pointe Drive Lake Placid, FL 33852</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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	<b>Kenneth Leblanc</b> Date	<b>2/13/07</b> Daytime Phone #
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