

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-22-2007 90275 021 ****50.00

DOCUMENT # L05000113569

1. Entity Name
BEAR RUN OF HIGHLANDS COUNTY, 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**

2. Principal Place of Business
599 Sunset Pointe Drive

3. Mailing Address
599 Sunset Pointe Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172006 Chg-LLC CR2E083 (11/05)

City & State
Lake Placid, FL

City & State
Lake Placid, FL

4. FEI Number
20-3848684

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

**ELLIS, SETH E ESQ.
C/O 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RANCH MANAGEMENT OF HIGHLANDS COUNTY, LLC
2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 33431**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS / CHANGES

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

☒ Change ☐ Addition

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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

Date

Daytime Phone #

Kenneth Leblanc

2/13/07