


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

6198
FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000117285 1. Entity Name TUSCANOOGA RANCHES, LLC	
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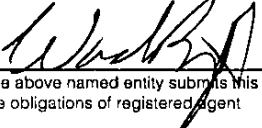
Principal Place of Business 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711	Mailing Address 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711
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01062007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3907659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOYETTE, WADE 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711 

**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 _____ DATE **JAN 09 2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, JIMMY D 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEPPER, ALAN 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/07-80052-017 50.00
**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:  **1-09-08** **352-394-2103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #