


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 006 ****50.00

DOCUMENT # L05000122517 1. Entity Name SPRING RANCH, L.L.C.					
Principal Place of Business 4701 CANOE CREEK ROAD KENANSVILLE FL 34739			Mailing Address 4701 CANOE CREEK ROAD KENANSVILLE FL 34739		
2. Principal Place of Business - No P.O. Box # <u>1388 Grandview Blvd</u> Suite, Apt. #, etc. <u>Kissimmee, FL</u> → <u>same</u>			3. Mailing Address Suite, Apt. #, etc. <u>same</u>		
City & State <u>34744 USA</u>			City & State <u>same</u>		
Zip <u>34744</u>		Country <u>USA</u>		4. FEI Number 40-5660214	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PULLUM, J. STEPHEN 1330 W. CITIZENS BLVD., STE. 701 FIRST FAMILY OAKS LEESBURG FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALL, DANNY A 4701 CANOE CREEK ROAD KENANSVILLE FL 34739	<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	MGRM HALL, LOIS S 4701 CANOE CREEK ROAD KENANSVILLE FL 34739	<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 Section 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 <u>Lois Hall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1-29-07 407-931-0720</u> <small>Date Daytime Phone #</small>		