

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032297

Entity Name: FULL CHOKE RANCH, LLC

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

5365 E. COUNTY HWY. 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

5365 E. COUNTY HWY. 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-4552614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATSON, FRANKLIN H P.A.  
5365 E. COUNTY HWY. 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PERRY, MIKEL LEE  
Address: 303 GULF SHORE DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKEL LEE PERRY

MGR

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date