2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000032297

Entity Name: FULL CHOKE RANCH, LLC

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PERRY, MIKEL LEE
Address: P O BOX 450
City-St-Zip: FREEPORT, FL 32439

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 04/28/2008

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