


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90047 047 \*\*\*\*50.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # L06000040787</b><br>1. Entity Name<br><b>RANCHERO KNIGHT, LLC</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>15051 PUNTA RASSA ROAD<br/>FORT MYERS, FL 33908</b>  |  |   | Mailing Address<br><b>15051 PUNTA RASSA ROAD<br/>FORT MYERS, FL 33908</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State<br>Zip Country  |  |   | City & State<br>Zip Country  |   |  |
| 4. FEI Number<br><b>20-4718198</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$5.00</b> Additional Fee Required  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>NICHOLS, JAMES L ESQUIRE<br/>8191 COLLEGE PARKWAY<br/>SUITE 204<br/>FORT MYERS, FL 33919</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM-<br/>KNIGHT, STEEVEN C<br/>15051 PUNTA RASSA ROAD<br/>FORT MYERS, FL 33908</b> | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |  |   |  |
| <b>SIGNATURE: <u>JESSICA RODRIGUEZ, EXEC ASST</u> 1/19/07 239.489.2909</b>   |  |   |  |   |  |