


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90035 027 *****55.00

DOCUMENT # L06000049783 1. Entity Name PRESCOTT FAMILY RANCH, LLC			
Principal Place of Business 1700 N.W. 127TH AVENUE OKEECHOBEE, FL 34972		Mailing Address 1700 N.W. 127TH AVENUE OKEECHOBEE, FL 34972	
2. Principal Place of Business - No P.O. Box # 1002 S.W. 24th AVE.		3. Mailing Address 1002 S.W. 24th AVE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State OKEECHOBEE, FL.		City & State OKEECHOBEE, FL.	
Zip 34974		Zip 34974	
Country OKEECHOBEE		Country OKEECHOBEE	
4. FEL Number 56-2584251		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NORMAN, RHONDA GAIL 1002 S.W. 24TH AVE. OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESCOTT, JAMES E JR. 1700 N.W. 127TH AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORMAN, RHONDA G 1002 S.W. 24TH AVENUE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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.			
SIGNATURE: <i>Rhonda G. Norman</i>		Date 1/29/07 Daytime Phone # 863-763-3875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			