

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000058308 1. Entity Name FIVE POINTS RANCH, LLC	
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Principal Place of Business 2911 S. HIGHWAY 77 LYNN HAVEN, FL 32444	Mailing Address 2911 S. HIGHWAY 77 LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



04102008No Chg-LLC CRCR-04112007

4. FEI Number 20-5067364	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, WILLIAM E JR
2911 S. HIGHWAY 77
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and fee is applicable (if not, Registered Agent Signature required when filing statement) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

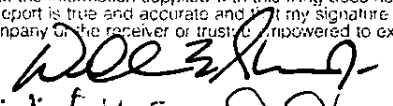
4000000308065
05/05/08-80015-016 138.75

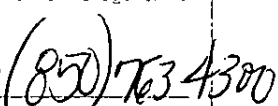
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SHAW, WILLIAM E JR. 2911 S. HIGHWAY 77 LYNN HAVEN, FL 32444
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TITLE OF SIGNED INDIVIDUAL, MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **4/14/08**  **(833) 763 4300**
Secretary's Phone