

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90132 021 ***138.75

DOCUMENT # L06000061602

1. Entity Name
STAGECOACH HIDDEN CANYON RANCH, LLC



Principal Place of Business
**213 COURTHOUSE SQUARE
INVERNESS, FL 34450**

Mailing Address
**213 COURTHOUSE SQUARE
INVERNESS, FL 34450**

60010206

2. Principal Place of Business - No P.O. Box #
1645 West Main St
Suite, Apt. #, etc.

3. Mailing Address
1645 West Main St
Suite, Apt. #, etc.

02152008 Chg-LLC CR2E083 (12/06)

City & State
Inverness, Florida
Zip
34450 Country
CITRUS

City & State
Inverness, Florida
Zip
34450 Country
CITRUS

4. FEI Number
20-5054627 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEAL, JAMES A JR
213 COURTHOUSE SQUARE
INVERNESS, FL 34450**

7. Name and Address of New Registered Agent

Name
JAMES W. MORTON
Street Address (P.O. Box Number is Not Acceptable)
1645 West Main Street
City
INVERNESS FL Zip Code
34450

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-20-08
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NEAL, JAMES A JR
213 COURTHOUSE SQUARE
INVERNESS, FL 34450** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
James W. Morton
1645 West Main Street
Inverness, Florida 34450** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**352-
02-2008 726-6668**
Date Daytime Phone #