2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L06000068299

1. Entity Name

JOE FLINT'S MUSE RANCH, LLC



FILED Apr 07, 2008 08:00 A Secretary of State

8636735468

					7		
Principal Plac	e of Busines	s	Mailing Address	<u> </u>			
500 FLINT RIDGE			PO BOX 4004				
MUSE FL 33935			MOORE HAVEN FL 33471				
				•			
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
			Saite, 745t. II, etc.		1st MOORE		
City & State			City & State		4. FEI Number NO-T APPLICABLE Applied For No-T APPLICABLE		
Zip Country			Zip Country				
242 305/tily		£19	Country	5. Certificate of Status Desired			
	6. Name	and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY					Name		
	THAYS S		iPANY	Street Arldre	ess (P.O. Box Number is Not Acceptable)		
		EE FL 32301		-	· · · · · · · · · · · · · · · · · · ·		
				City	FL Zp Code		
8. The above	named entit	y submits this statement t	for the purpose of changing its	registered office or reg	istered agent, or both fir the State of Florida. I am familiar with, and accept		
រោម ០០១ឫនា	tions of regist	lered agent.					
SIGNATURE	Біднабіло Туресі	or printed name of registered agon	n onsite Lappicable (NO)	E. Rayistereti Agent sig value i ca	gured was reneating) DATE		
			The street of the second of the second	W!!! FEE IS \$138.	r majoranijam na pr		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2008, Fee Will Be \$	2 3 1717 P 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
				ie to Florida Depart			
9.		MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES		
T:TI.E	MGRM		☐ Delele	Title	☐ Change ☐ Addition		
NAME STREET ADDRESS	FLINT, JOS 500 FLINT			NAME STREET ADDRESS	U00000883030 04/16/08-80064-014 138.75		
CITY-ST-ZIP	MUSE FL 3			CITY-SI-Z:P	977 197 997 399647-014 135.73		
THILE			☐ Delete	THILE	☐ Change ☐ Addition		
NAME				NAME	_ , _		
STREET ADDRESS CITY-ST-ZIP	SS			STRFFT ADDRESS CITY-ST-ZIP			
TITLE				-1			
NAME			☐ Delete	Trick NAME	☐ Change ☐ Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-SI-7IP				CITY-ST-ZIP			
TITLE			☐ Delete	TITLE	☐ Change ☐ Addit:on		
NAME STREET ADDRESS				NAME STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-Z-P			
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS CHY-ST-ZIP				STREET ADDRESS			
			—	CITY-ST-ZiP			
TITLE			☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	<u> </u>			CHY-ST-ZIP			
11. I hereby indicated	certify that th on this repo	e information supplied with its true and accurate ar	ith this filing does not qualify of that my signature shall hav	for the exemptions conta e the same legal effect	ained in Section 119, Florida Statutes. I further certify that the information as if made under pam: that I am a managing member or manager of the		