

FILED
May 14, 2008 8:00 am
Secretary of State

04-14-2008 90227 005 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000074506			
1. Entity Name O-BAR-O RANCH, LLC			
Principal Place of Business 4573 IOLA DRIVE SARASOTA, FL 34231		Mailing Address P.O. BOX 17052 SARASOTA, FL 34276	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		Name CHARLTON H. DOWNS, JR. Street Address (P.O. Box Number is Not Acceptable) 4573 Iola Drive City Sarasota FL Zip Code 34231	
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: <u>Charlton H. Downs Jr</u> DATE: 04/08/2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWNS, JR., CHARLETON H 4573 IOLA DRIVE SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Owner MGR ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWNS, MICHAEL 4420 ASHTON ROAD SARASOTA, FL 34233 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: <u>Charlton H. Downs Jr</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>04/08/08</u> 941-924-5255 Date Daytime Phone #	