

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000082688

1. Entity Name
WILD CREEK RANCH, LLC



Principal Place of Business
**#9 LOMA VERDE
LAKELAND, FL 33813**

Mailing Address
**#9 LOMA VERDE
LAKELAND, FL 33813**

DO NOT WRITE IN THIS SPACE



03062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5503603

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OGLESBY, HUGH J
#9 LOMA VERDE
LAKELAND, FL 33813**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U000000947894
06/02/08-80033-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OGLESBY, HUGH J
#9 LOMA VERDE
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
OGLESBY, HARRIET R
9 LOMA VERDE
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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 608, Florida Statutes.

SIGNATURE: *Hugh J Oglesby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4-29-08 813 531-9467
Date Daytime Phone #