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**Mar 19, 2007 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # L06000099955</b>						<b>Secretary of State</b>	
1. Entity Name <b>JENNIFER'S RANCHETTES, LLC</b>				02-26-2007 90310 012 ****50.00			
Principal Place of Business <b>8530 BOYT ROAD ZEPHYRHILLS FL 33540 US</b>				Mailing Address <b>P. O. BOX 1277 DADE CITY FL 33526 US</b>			
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 <b>GOETHE, JENNIFER 8530 BOYT ROAD ZEPHYRHILLS FL 33540</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when transferring) Signature, typed or printed name of registered agent and title if applicable							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>MGRM GOETHE, JENNIFER P. O. BOX 1277 DADE CITY FL 33526</b>				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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							



ATTACHMENT

30002757

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2007

JENNIFER'S RANCHETTES, LLC  
P. O. BOX 1277  
DADE CITY, FL 33526 US

Subject: JENNIFER'S RANCHETTES, LLC

Reference Number: L06000099955

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh

ANNUAL REPORTS SECTION

Per phone conversation to  
the Division of Corporations  
on Friday 3/16/07 at 4:23 PM  
I have checked the box  
Not Applicable. I can be  
reached at phone # 813-714-2148.