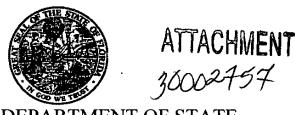
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 19, 2007 8:00 am Secretary of State **DOCUMENT # L06000099955** 02-26-2007 90310 012 ****50.00 JENNIFER'S RANCHETTES, LLC Principal Place of Business Mailing Address P. O. BOX 1277 DADE CITY FL 33526 8530 BOYT ROAD ZEPHYRHILLS FL 33540 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOETHE, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 8530 BOYT ROAD ZEPHYRHILLS FL 33540 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 registored agent. SIGNATURE Synature, typed or prieson name of regulation again and title 4 bitsilicable (NOTE Registerou Anem arguirent remixed when remistating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES mu MGRM ☐ Defete 100 ☐ Change ☐ Addition NAME GOETHE, JENNIFER NAM! SINICT ADDRESS SIBULT ADDITESS P. O. BOX 1277 CITY ST-ZIP DADE CITY FL 33526 CHY SI 70 HILL Delete 1000 Change Addition NAME HAM STREET ADDRESS STREET ADDRESS CHY SI-7P CHY SI-7P id) E Delete 11111 ☐ Chance □ Addil×n KAME NAMI SIRLET ADDRESS STREET ADDRESS CHY-SF-ZIP CHY ST ZP IME ☐ Datete mu ☐ Change Addition NAMI STREET ADDRESS SUBTRACTOR CITY-SI-78 COY-S1-ZP unt ☐ Delete Addition NAMI NAM STREET ADDRESS STRUCT ADDRESS CHY-SI-ZIP CHY SI-7P Ociete MHE 10111 ☐ Change Addition NAME NAME SUMEDI ADDRESS STRUCT ADDRESS CITY-ST-ZIP 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 it made under eath; 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.

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

FILED



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 <u>has not been filed</u> 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.