

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122002

Entity Name: BAR CDT RANCH, LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

13444 MOORE ROAD
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

13444 MOORE ROAD
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 20-8118892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITM, DONNA L
13444 MOORE ROAD
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, DONNA L
Address: 13444 MOORE ROAD
City-St-Zip: LAKELAND, FL 33809

Title: MGR () Delete
Name: SMITH, TED L
Address: 13444 MOORE RD.
City-St-Zip: LAKELAND, FL 33809

Title: MGR () Delete
Name: SMITH, COLT L
Address: 13444 MOORE RD
City-St-Zip: LAKELAND, FL 33809

Title: MGR () Delete
Name: SMITH, DAKOTA R
Address: 13444 MOORE RD.
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA SMITH

MGR

03/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date