## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 20, 2008 8:00 am Secretary of State

DOCUMENT # L07000025239  1. Entity Name MONTURA RANCH, LLC					None	05-20-200	8 90054 031 ** <sup>:</sup>	*138.75
Principal Place of Business Mailing Address					T CI	0042318	•	
1375 GATEWAY BLVD., STE. 9 BOYNTON BEACH, FL 33426-8304 BOYNTON BEACH, FL 33				)4				DI <b>n In</b> 18 18 18 18 18 18 18 18 18 18 18 18 18
Principal Place of Business - No P.O. Box #								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	Chg-LLC	CR2E083 (12/	06)	
City & State		City & State		4. FEI Numb	03445	95	Applied For Not Applicable	
Zip	Country	Zip	Country	Country		of Status Desired	□ \$5.00 Fee Red	Additional quired
	6. Name and Address of Curre	ent Registered Agent	N	Name	7. Name and	Address of New	Registered Agent	
JONTIFF.	SHELDON			vame				
5834 BAY	HILL CIRCLE RTH, FL 33463-6567		Street Address		(P.O. Box Number is Not Acceptable)			
			_	City			<b>— 1</b> 7in	Codo
R The above	e named entity submits this statemen	t for the oursess of abancine it			lacad a sant as ba	th in the Control	- FL	Code
the obligat	tions of registered agent.	iction the purpose of changing its	is registered o	mice or regist	tered agent, or bo	ın, ın the State of I	-iorida. Tam tamiliar t	with, and accept
SIGNATURE .								
	Signature, typed or printed pame of registered ag	gent and title if applicable (NO	TE. Registered Age	eni signature requir	red when reinstating)		DATE	
FILE After May	Signature, typed or printed came of registered age  E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.		TE. Registered Age	ent signature requir	red when reinstating)		DATE  ike check payable da Department of S	
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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:

SIGNATURE AND TWEET OR PRINCED MANYE OF SIGNING MANYGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

56/- 136-43 Daytime Phone #