

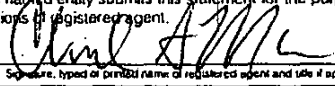
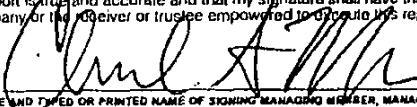
FILED
Jun 02, 2008 8:00 am
Secretary of State

03-27-2008 90084 030 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L07000042939			
1. Entity Name HALF ASS RANCH, LLC			
Principal Place of Business 2725 LUCY LANE FT. PIERCE, FL 34981		Mailing Address 2725 LUCY LANE FT. PIERCE, FL 34981	
2. Principal Place of Business - No P.O. Box # 2725 Lucy Lane Suite, Apt. #, etc.		3. Mailing Address 2725 Lucy Lane Suite, Apt. #, etc.	
City & State Ft. Pierce, FL		City & State Ft. Pierce, FL	
Zip 34981		Zip 34981	
Country USA		Country USA	
4. FEI Number 26-0283728		Applied For Not Applicable	
5. Certificate of Status Desired - ☒ - \$5.00 Additional Fee Required		CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MCGEE, CHARLES S 2725 LUCY LANE FT. PIERCE, FL 34981		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, the registered agent. SIGNATURE  Manager DATE 5-1-08 (NOTE: Registered Agent signature required when renouncing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing member Travis McGee 5615 Cassia Dr. Ft. Pierce, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Charles S. McGee 2725 Lucy Lane Ft. Pierce, FL 34981		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
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:  CHARLES S. MCGEE 3/21/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			