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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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30008450

03182008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000042939

1. Entity Name
HALF ASS RANCH, LLC

Principal Place of Business	Mailing Address
2725 LUCY LANE FT. PIERCE, FL 34981	2725 LUCY LANE FT. PIERCE, FL 34981

2. Principal Place of Business - No P.O. Box #: 2725 Lucy Lane
Suite, Apt. #, etc.
City & State: Ft. Pierce Fl.
Zip: 34981 Country: USA

3. Mailing Address: 2725 Lucy Lane
Suite, Apt. #, etc.
City & State: Ft. Pierce, Fl.
Zip: 34981 Country: USA

4. FEI Number: 26-0283728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 registered agent.

SIGNATURE [signature] Manager 5-1-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Travis McGee 5615 Cassia Dr. Ft. Pierce, FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Charles S. McGee 2725 Lucy Lane Ft. Pierce, FL 34981	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature] Charles S. McGee 3/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #