03-10-2008 90337 033 ***138.75
L07000084276

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 A.M.
Secretary of State

DOCUMENT # L07000084276

1. Entity Name
CIRCLE F RANCH & EQUIPMENT LLC

Principal Place of Business
1016 6TH. STREET
DAYTONA BEACH, FL 32117 US

Mailing Address
1016 6TH. STREET
DAYTONA BEACH, FL 32117 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0837941 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FAIRCLOTH, BERT J III
1016 6TH. STREET
DAYTONA BEACH, FL 32117

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, 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	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Bert J. Faircloth III 1016 - 6th ST. Daytona Beach Fl 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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] 3/6/08 386 2586610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #