

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085981

FILED
Apr 30, 2009
Secretary of State

Entity Name: P.A. RANCH PROPERTY, LLC

Current Principal Place of Business:

8101 S.W. 66TH TERRACE
MIAMI, FL 33143

New Principal Place of Business:

26740 ROBERTS RANCH ROAD
IMMOKALEE, FL 34142

Current Mailing Address:

8101 S.W. 66TH TERRACE
MIAMI, FL 33143

New Mailing Address:

PO BOX 1050
IMMOKALEE, FL 34143

FEI Number: 26-0793068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASNER, MARK M
ONE S.E. 3RD AVE. SUITE 2950
SUNTRUST INTERNATIONAL CENTER
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SMITH, CALVIN P
26740 ROBERTS RANCH ROAD
IMMOKALEE, FL 34142 US

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: CALVIN PERRY SMITH

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, CALVIN P
Address: 8101 SW 66 TERR
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: SMITH, ADELE E
Address: 8101 SW 66 TERR
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, CALVIN P
Address: PO BOX 1050
City-St-Zip: IMMOKALEE, FL 34143

Title: MGR (X) Change () Addition
Name: SMITH, ADELE E
Address: 18140 RIVER CHASE CT
City-St-Zip: ALVA, FL 33920

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: CALVIN PERRY SMITH

MGR

04/30/2009

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