

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123493

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: RISING DAWN RANCH, LLC

**Current Principal Place of Business:**

243 TOWERS RANCH DR  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

243 TOWERS RANCH DR  
ST. AUGUSTINE, FL 32092 US

**New Mailing Address:**

FEI Number: 26-1555757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, GUY D  
243 TOWERS RANCH DRIVE  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PRICE, GUY D  
Address: 243 TOWERS RANCH DR  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGR ( ) Delete  
Name: PRICE, LYUDMILA A  
Address: 243 TOWERS RANCH DR  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGR ( ) Delete  
Name: PRICE, KAY W  
Address: 243 TOWERS RANCH DR  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM ( ) Delete  
Name: PRICE, ROBERT O  
Address: 243 TOWERS RANCH DR  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM ( ) Delete  
Name: PRICE, ASHLY E  
Address: 243 TOWERS RANCH DR  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: PRICE, MILLA A  
Address: 243 TOWERS RANCH DR  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PRICE, ROBERT J II  
Address: 243 TOWERS RANCH DR  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUY PRICE

MGR

02/14/2009

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