


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90065 047 ***138.75

DOCUMENT # L07000124206	
1. Entity Name THUNDER RANCH TRAINING FACILITY, LLC	

Principal Place of Business 1364 SW BAYSHORE BOULEVARD PORT ST. LUCIE, FL 34983 US	Mailing Address 1364 SW BAYSHORE BOULEVARD PORT ST. LUCIE, FL 34983 US
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2. Principal Place of Business - No P.O. Box # 1146 Lands End Chase	3. Mailing Address 1146 Lands End Chase
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St. Lucie FL	City & State Port St. Lucie FL
Zip 34986	Zip 34986
Country USA	Country USA

60040804



04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1572697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUNGEY, RICHARD J 3473 SE WILLOUGHBY BOULEVARD STUART, FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINN, ROGER 1364 SW BAYSHORE BOULEVARD PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **ROGER WINN** **4/14/08 722-201-7893**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #