2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # L07000125974 1. Entity Name SIXTY-SIX NEWBERRY RANCH, L.L.C.							04-30-2008 9	90037 001 ***13	38.75
Principal Place of Business Mailing Address						7	~ ~ ~		
2316 NORTHWEST 6TH STREET GAINESVILLE, FL 32609			2316 NORTHWEST 6TH STREET Gainesville, FL 32609			60034750			
2. Principal P	lace of Busine	ess - No P.O. Box#	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04282008	Chg-LLC	CR2E083 (12/06))	
City & State			City & State		4. FEI Numb	040122		opplied For	
Zip	Zip Country		Zip	Country			of Status Desired	\$5.00 Ad Fee Require	Iditional
•	6. Name	and Address of Current I	Registered Agent			7. Name and	Address of New Re		
VEUEDER COOTT DAVID					Name				
KRUEGER, SCOTT DAVID 2750 NORTHWEST 43RD STREET, SUITE 201 GAINESVILLE, FL 32606					Street Address	(P.O. Box Number is Not Acceptable)			
•									
					City	FL Zip Code			
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	registere	ed office or regist	ered agent, or bo	th, in the State of Flor	rida. I am familiar with	, and accept
SIGNATURE .	Signature, typed o	x printed name of registered agent a	and title if applicable (NOT	F. Bonietera	d Agent signature requir	 		DATE	
			,,,o	L. Negatora	a was it signature redon	ed when reinstating)		OAIL	
		EE IS \$138.75 ee will be \$538.75		L. Negatora	a region to sugarity or contain	ed when reinstating)		check payable to Department of Sta	te
		EE IS \$138.75		10.	a region i sagrissici e requii	ed when (einstating)		check payable to Department of Sta	te
After May	1, 2008 F MGR	EE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER		10.	:	ed when reinstating)	Florida	check payable to Department of Sta	
After May 9. TITLE NAME	MGR ROGERS,	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER	RS/MANAGERS	10.	: E	eo when (ensating)	Florida	check payable to Department of Sta	
After May	MGR ROGERS, 2316 NOR	EE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER	RS/MANAGERS	10. Title Nami Stre	:	ed when (ensating)	Florida	check payable to Department of Sta	
9. TITLE NAME STREET ADDRESS	MGR ROGERS, 2316 NOR	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET	RS/MANAGERS	10. Title Nami Stre	E ET ADORESS -ST-ZIP	eo when (ensating)	Florida	check payable to Department of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS,	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN	RS/MANAGERS Delete	10. TITLE NAMIN STRE CITY TITLE	E ET ADDRESS -ST-ZIP	eo when (ensating)	Florida	check payable to Department of Sta CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADORESS -ST-ZIP E EFT ADORESS	eo when (ensating)	Florida	check payable to Department of Sta CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN	RS/MANAGERS Delete T Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP -ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	eo when (ensating)	Florida	check payable to Department of Sta CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete T Delete	10. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY.	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete T Delete	10. TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	eo when (ensating)	Florida	check payable to Department of Sta CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete T Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	E ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete T Delete T Delete	10. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY.	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete T Delete T Delete	10. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE	E ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete T Delete T Delete	10. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	eo when (ensating)	Florida	check payable to Department of Sta CHANGES Change Change	Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete Delete Delete Delete Delete	10. TITLE NAMI STRE CITY.	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP	eo when (ensating)	Florida	check payable to Department of Sta CHANGES Change Change Change	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete Delete Delete Delete Delete	10. TITLE NAMI STRE CITY.	E ET ADDRESS -ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change Change Change	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete Delete Delete Delete Delete	10. TITLE NAMIN STRE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change Change Change	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete Delete Delete Delete Delete	10. TITLE NAMI STRE CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ed when (ensating)	Florida	check payable to Department of Sta CHANGES Change Change Change	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	MGR ROGERS, 2316 NOR GAINESVI MGR ROGERS, 2316 NOR	TEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER STEVE THWEST 6TH STREET LLE, FL 32609 JEAN THWEST 6TH STREET	RS/MANAGERS Delete Delete Delete Delete Delete	10. TITLE NAMI STRE CITY.	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	eo when (ensamp)	Florida	check payable to Department of Sta CHANGES Change Change Change	Addition Addition 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE