

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007930

Entity Name: CIRCLE G. RANCH L.L.C

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

36207 CHRISTIAN RD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

36207 CHRISTIAN RD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GANCI, CORRADO SR
30430 ANNADALE DR.
WESLEY CHAPEL, FL 33544 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: GANCI, JOSEPH M
Address: 36207 CHRISTIAN RD
City-St-Zip: DADE CITY, FL 33523

Title: MGRM () Delete
Name: GANCI, CHERYL
Address: 36207 CHRISTIAN RD
City-St-Zip: DADE CITY, FL 33523

Title: MGRM () Delete
Name: GANCI, MATTHEW
Address: 36207 CHRISTIAN RD
City-St-Zip: DADE CITY, FL 33523

Title: MGRM () Delete
Name: GANCI, DANIEL
Address: 36207 CHRISTIAN RD
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES:

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

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

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

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: JOSEPH GANCI

MGR

01/06/2009

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