

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000007192

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** BARTHLE BROTHERS RANCH, LLC

**Current Principal Place of Business:**

26801 BAYHEAD RD  
DADE CITY, FL 335236177 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6  
SAN ANTONIO, FL 335760006 US

**New Mailing Address:**

FEI Number: 59-0921397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DILLARD, JEANETTE  
15995 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33523 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: MGRM  
Name: BARTHLE, RANDOLPH J  
Address: 26345 BAYHEAD RD  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM  
Name: BARTHLE, STEPHEN  
Address: 15501 BELLAMY VROS BLVD  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM  
Name: DILLARD, JEANETTE  
Address: 15995 BELLAMY BROS BLVD  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM  
Name: PAIGE, KATHLEEN  
Address: 10023 LL DIKE RD  
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM  
Name: BARTHLE, LAWRENCE  
Address: 17231 BELLAMY BROS BLVD  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM  
Name: BARTHLE, MARK F  
Address: 17899 BELLAMY BROS BLVD  
City-St-Zip: DADE CITY, FL 33523

I hereby 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: JEANETTE B. DILLARD

MGRM

01/17/2012

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