


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90061 027 \*\*\*538.75

|  |  |         |   |   |  |
|--|--|---------|---|---|--|
| <b>DOCUMENT # L99000004793</b><br>1. Entity Name<br><b>MARION L. RANCH, L.L.C.</b>   |  |         |   |                                      |  |
| Principal Place of Business<br><b>3264 HASKINS DR<br/>VERNON, FL 32462</b>   |  |         | Mailing Address<br><b>P.O. BOX 219<br/>VERNON, FL 32462</b>       |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |         | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |         | Suite, Apt. #, etc.   |   |  |
| City & State   |  |         | City & State  |   |  |
| Zip  |  | Country |   | Zip   |  |
| Country  |  | Country |   | 4. FEI Number<br><b>59-3589438</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |         |   | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BROWN, JAMES J<br/>111 SUN LANE<br/>PANAMA CITY BEACH, FL 32413</b>  |  |         |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |         |   | DATE  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>  |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |         | <b>Make check payable to<br/>Florida Department of State</b>      |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |         | <b>10. ADDITIONS/CHANGES</b>                                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SAFEL INC<br>111 SUN LANE<br>PANAMA CITY BEACH, FL |         | <input type="checkbox"/> Delete                                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                            |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                            |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                            |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                            |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                            |         | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |         |   |   |  |
| <b>SIGNATURE: <u>Marion Brown Marion Brown</u> 5-7-08 850-685-4681</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |         |   |   |  |