

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90061 001 \*\*\*\*50.00

**DOCUMENT # L99000008700**

1. Entity Name

CIRCLE F DUDE RANCH CAMP, L.L.C.



Principal Place of Business

PO BOX 888  
LAKE WALES FL 33859  
US

Mailing Address

2424 NORTH FEDERAL HWY  
SUITE 456  
BOCA RATON FL 33431  
US

2. Principal Place of Business

3. Mailing Address

1900 Glades Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 401

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33431

US



MOORE

CR2E083 (11/03)

4. FEI Number

59-3615676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALT, LES S  
2424 NORTH FED. HWY  
SUITE 456  
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

1900 Glades Rd

Suite 401

City

Boca Raton

FL

Zip Code

33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MENKHAUS, DAVID J  
STREET ADDRESS 2424 N. FEDERAL HWY, #456  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGR ☒ Change ☐ Addition  
NAME menkhaus, David J.  
STREET ADDRESS 1900 Glades Rd #401  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE MGR ☐ Delete  
NAME ALT, LES S  
STREET ADDRESS 2424 N. FEDERAL HWY, #456  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGR ☒ Change ☐ Addition  
NAME Alt, Les S.  
STREET ADDRESS 1900 Glades Rd #401  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE MGR ☐ Delete  
NAME WELLS, PAUL  
STREET ADDRESS 2430 NE 199TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David S. Menkhaus

Date

4/21/04

Daytime Phone #

561-394-7910