2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L99000008700

Entity Name: CIRCLE F DUDE RANCH CAMP, L.L.C.

Current Principal Place of Business:

PO BOX 888
LAKE WALES, FL 33859 US

New Principal Place of Business:

2430 N.E. 199TH STREET
MIAMI, FL 33180 US

Current Mailing Address:

1900 GLADES RD., STE 401
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-3615676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALT, LES S
1900 GLADES RD., STE 401
BOCA RATON, FL 33431 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: MENKHAUS, DAVID J
Address: 1900 GLADES RD., STE 401
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR ( ) Delete
Name: ALT, LES S
Address: 1900 GLADES RD., STE 401
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR ( ) Delete
Name: WELLS, PAUL
Address: 2430 NE 199TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WELLS, PAUL H
Address: 2430 N.E. 199TH STREET
City-St-Zip: MIAMI, FL 33180 US

Title: MGR (X) Change ( ) Addition
Name: MENKHAUS, DAVID J
Address: 1900 GLADES RD., STE 401
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR (X) Change ( ) Addition
Name: ALT, LES
Address: 2430 NE 199TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

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: PAUL H. WELLS MGR 02/10/2009

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