


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008901 1. Entity Name SOUTH FLORIDA RANCH, LLC		
Principal Place of Business 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223	Mailing Address 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GUNDERSON, MIKO P 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUNDERSON, GIAN M 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUFF, JAMES T 8252 WILTSHIRE BOULEVARD PORT CHARLOTTE, FL 33981	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Miko P. Gunderson</i></u> 1/12/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0977911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000002998
01/13/04-80037-014 50.00

**DO NOT WRITE
IN THIS SPACE**