2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000 1. Entity Name LAST CHANCE HUNT CLUB IN			
Principal Place of Business 7000 BIG ISLAND RANCH RD NAPLES, FL 34120	Mailing Address 8473 RIVER ROAD LIVE OAK, FL 32060		

FILED Jan 22, 2008 8:00 am Secretary of State

Maling Address Maling Address Maling Address Maling Address Maling Address Mark RAM B APPLES, FL 34120 2. Principal Place of Business - No P.O. Box # 3. Maling Address Suite Api. #, etc.	1. Entity Name LAST CHANCE HUNT CLUB INC.					01	1-22-2008 90051 02	24 ****6	1.25
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S. Name and Address of Current Registered Agent IVEY, JAMES 7000 BIG ISLAND RANCH RD NAPLES, FL 34120 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of Florida. I am familiar with, and accept the collegation of Florida. I am familiar with, and accept the collegation of Florida. I am familiar with, and accept the collegation of Florida. I am familiar with, and accept the collegation of Florida. I am familiar with, and accept the collegation of Florida. I am familiar with, and accept the collegation of Florida. I am familiar with, and accept the collega			Country	Zip	Country				
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SIGNATURE Street Address (P.O. Box Number is Not Acceptable)			and Address of Current	Registered Agent	Name	/. Name and Addr	ess of New Registered A	gent	
A The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signatu	7000 BIG ISLAND RANCH RD			Street Addres	s (P.O. Box Number is N	lot Acceptable)			
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TITLE OCWART, ROBERT Delete NAME NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition NAME	SIGNATURE	Signature, typed	for printed name of registered agen	t and title if applicable. (NC	TE: Registered Agent signature requ	uired when reinstating)	DATE		
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receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in ment with an address, with all other like empowered.

Signature and typed on printed Name of Signing Officer on Director

Date

Date

Date

Description