2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002873

Entity Name: 3 L RANCH, INC.

FILED Mar 06, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX [*] OKEECHC	1631 BEE, FL 3497	3			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX [*] OKEECHC	1631 BEE, FL 3497	3			
FEI Number:	65-1075872	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LEWIS, ALAN 6000 NW 30TH ST P.O. BOX 1631 OKEECHOBEE, FL 34973 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LEWIS, ALAN P.O. BOX 1631 OKEECHOBEE,	Delete FL 34973	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () LEWIS, KAREN P.O. BOX 1631 OKEECHOBEE,	Delete FL 34973	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () LEWIS, JUSTIN P.O. BOX 1631 OKEECHOBEE,	Delete FL 34973	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN LEWIS STD 03/06/2006