

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAR 24 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L01000014447</b> 1. Entity Name RIVER RANCH CATTLE COMPANY, L.L.C.			
Principal Place of Business 467 BLUE HERON LANE RIVER RANCH, FL 33876		Mailing Address P.O. BOX 30467 RIVER RANCH, FL 33876	
2. Principal Place of Business <b>S10 E. ZARAGOZA ST.</b>		3. Mailing Address <b>P.O. BOX 699</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PENSACOLA, FL</b>		City & State <b>SUMMERDALE AL</b>	
Zip <b>32502</b>	Country <b>USA</b>	Zip <b>36580</b>	Country <b>USA</b>
4. FEI Number <b>59-3752297</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6: Name and Address of Current Registered Agent  ROBBINS, HOWARD R 467 BLUE HERON LANE RIVER RANCH, FL 33876		7: Name and Address of New Registered Agent Name: <b>JEFFREY T. SAUER</b> Street Address (P.O. Box Number is Not Acceptable) <b>S10 E. ZARAGOZA STREET</b>  City: <b>PENSACOLA</b> FL Zip Code: <b>32502</b>	
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		<b>JEFFREY T. SAUER</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBINS, HOWARD R 467 BLUE HERON LANE RIVER RANCH, FL 33876	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. BOX 699</b> <b>SUMMERDALE, AL 36580</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800030963958</b> <b>03/24/04--01003--012 **350.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<b>HOWARD R. ROBBINS</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>3/11/04</b>	Daytime Phone # <b>251-454-7766</b>