




FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001096 1. Entity Name KENANSVILLE CATTLE, LTD.				May 01, 2006 08:00 AM Secretary of State	
Principal Place of Business 1001 EAST SOUTH PORT ROAD KISSIMMEE FL 34746		Mailing Address 1001 EAST SOUTH PORT ROAD KISSIMMEE FL 34746			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3387872	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIELS, ALAN H 1001 EAST SOUTHPORT ROAD KISSIMMEE FL 34759				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				DATE 4-21-06	
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000049480			STREET ADDRESS	
NAME	DVG MANAGEMENT, INC.			CITY-ST-ZIP	
STREET ADDRESS	515 WEST BRYAN STREET				
CITY-ST-ZIP	KISSIMMEE FL 34741				
DOCUMENT #				STREET ADDRESS	UNNNNN554846
NAME				CITY-ST-ZIP	05/16/06-80107-025 SON.MN
STREET ADDRESS					
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CITY-ST-ZIP					

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Dan A. Kelley SR Gary A. Kelley 4-21-06 407-847-4610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #