


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004393 1. Entity Name CALUSA CATTLE COMPANY, L.L.C.	
--	---

Principal Place of Business 16705 WEST SR 78 MOORE HAVEN FL 33471	Mailing Address 16705 WEST SR 78 MOORE HAVEN FL 33471
---	---



1st MOORE CR2E083 (10/04)

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 65-1001214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, HELEN VIRGINIA
16705 SR 78 WEST
MOORE HAVEN FL 33471**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	JOHNSON, JOSEPH DENTON
STREET ADDRESS	16705 W. SR 78
CITY - ST - ZIP	MOORE HAVEN FL 33471
TITLE	MGR <input type="checkbox"/> Delete
NAME	JOHNSON, HELEN VIRGINIA
STREET ADDRESS	16705 W. SR 78
CITY - ST - ZIP	MOORE HAVEN FL 33471
TITLE	VP <input type="checkbox"/> Delete
NAME	SMART, GERALD G
STREET ADDRESS	12734 KNEWOOD LANE, SUITE 49
CITY - ST - ZIP	FORT MYERS FL 33907
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000222464
CITY - ST - ZIP	02/10/05-80002-012 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:   1-31-05 239-936-4336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #