

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State

City & State

4. FEI Number

65-1001214

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR Delete
 NAME: JOHNSON, JOSEPH DENTON
 STREET ADDRESS: 16705 W. SR 78
 CITY-STATE-ZIP: MOORE HAVEN FL 33471

TITLE: MGR Delete
 NAME: JOHNSON, HELEN VIRGINIA
 STREET ADDRESS: 16705 W. SR 78
 CITY-STATE-ZIP: MOORE HAVEN FL 33471

TITLE: VP Delete
 NAME: SMART, GERALD G
 STREET ADDRESS: 12734 KNEWOOD LANE, SUITE 49
 CITY-STATE-ZIP: FORT MYERS FL 33907

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Delete
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TITLE: Delete
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10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 U000000632101
 02/21/07-80008-014 50.00

TITLE: Change Addition
 NAME:
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 CITY-STATE-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

GERALD SMART VICE/PRES

02/05/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #