

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAR 24 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| DOCUMENT # L01000014447 | | |
| 1. Entity Name RIVER RANCH CATTLE COMPANY, L.L.C. | | |

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| Principal Place of Business 467 BLUE HERON LANE RIVER RANCH, FL 33876 | Mailing Address P.O. BOX 30467 RIVER RANCH, FL 33876 |
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| 2. Principal Place of Business 510 E. ZARAGOZA ST. | 3. Mailing Address P.O. BOX 699 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State PENSACOLA, FL | City & State SUMMERDALE AL |
| Zip 32502 | Zip 36580 |
| Country USA | Country USA |

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| 01302004 | Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number 59-3752297 | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROBBINS, HOWARD R. 467 BLUE HERON LANE RIVER RANCH, FL 33876 | |
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| 7. Name and Address of New Registered Agent | |
| Name JEFFREY T. SAUER | |
| Street Address (P.O. Box Number is Not Acceptable) 510 E. ZARAGOZA STREET | |
| City PENSACOLA | FL |
| Zip Code 32502 | |

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| 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 | JEFFREY T. SAUER 3/11/04 DATE |

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| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
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| 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 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. BOX 699 SUMMERDALE, AL 36580 <input checked="" 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 | 800030963958 03/24/04--01003--012 **350.00 <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 |
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| 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 | HOWARD R. ROBBINS 3/11/04 251-454-7766 Date Daytime Phone # |