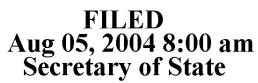
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L02000022160 1. Entity Name CAYMAN BRAC LAND & CATTLE COMPANY, LLC					08-05-2004 90072 014 ****50.00	
Principal Place of Business 4010 57TH AVE. SOUTH, #204 LAKE WORTH, FL 33463		Mailing Address 4010 57TH AVE. SOUTH, #204 LAKE WORTH, FL 33463				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08032004 Chg-LLC CR2E083 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-0876887 Not Applicable	
Zìp	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name		7. Name and Address of New Registered Agent	
4010 57TH	IN, FRANCIS R JR. I AVE. SOUTH	Street Address		idress (P.	(P.O. Box Number is Not Acceptable)	
204 LAKE WOF	RTH, FL ³ 33463					
i I	•		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						
Filing Fee is \$50.00 Due by September 8, 2004				***	Make check payable to Florida Department of State	
9.	MANAGING MEMBER		10.		ADDITIONS/CHANGES ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCALONAN, FRANCIS R JR 4040 57TH AVE, SOUTH, #204 LAKE WORTH, NJ)33463	□ Delete			☐ Cfange ☐ Addition 0 57 Av E SO. # 204 E Worth FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS = CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with his filting 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 trusted in most of the execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Description of the proper of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii) and indicated in Section 119.07(3)(ii) and indicated in Section 119.07(3)(iii)						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #						