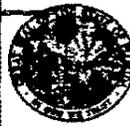


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024841

1. Entity Name
CIRCLE P LIVESTOCK, LLC



Principal Place of Business 17949 NE 21ST COURT CITRA, FL 32113	Mailing Address 17949 NE 21ST COURT CITRA, FL 32113
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4518618	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

WATSON, WILLIAM B III
527 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

7. 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 re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PONS, D.M. 2050 NE 180TH ST CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMGR PONS, J. PHIL 17949 NE 21ST CT CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PONS, WINFRED 17949 NE 21ST CT CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/04-80020-022 50.00

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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)(f), 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: *Winifred Pons* 4/30/04 352-595-3705

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