


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024841 1. Entity Name CIRCLE P LIVESTOCK, LLC	
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Principal Place of Business 17949 NE 21ST COURT CITRA, FL 32113	Mailing Address 17949 NE 21ST COURT CITRA, FL 32113
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04112006No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4518618	Applied For <input type="checkbox"/> 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
 Due by May 1, 2006**

U00000519644
 05/02/06-80062-012 50.00

9. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **4-16-06** **352-595-3705**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #