



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L02000028443 1. Entity Name CATTLE COUNTRY, LLC | | | |  | |
| Principal Place of Business 22144 ST RD 46 SORRENTO, FL 32776 US | | | Mailing Address 22144 ST RD 46 C/O CHAMPION GROUP OF COMPANIES SORRENTO, FL 32776 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc | | 3. Mailing Address Suite, Apt #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 05012008 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 02-0649338 | | | | <input type="checkbox"/> 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 FLORIDA TERRITORIAL LAND COMPANY 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHAMPION, C. JONATHAN SR. PO BOX 952259 LAKE MARY, FL 32795 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U000000947865 06/02/08-80032-005 138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHAMPION, BENJAMIN L PO BOX 952259 LAKE MARY, FL 32795 | <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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 5/1/08 407 330-2120 <small>Date Daytime Phone #</small> | | |