

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028443

Entity Name: CATTLE COUNTRY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

22144 ST RD 46
SORRENTO, FL 32776 US

New Principal Place of Business:

22144 STATE ROAD 46
SORRENTO, FL 32776 US

Current Mailing Address:

22144 ST RD 46
C/O CHAMPION GROUP OF COMPANIES
SORRENTO, FL 32776 US

New Mailing Address:

PO BOX 952259
LAKE MARY, FL 32795 US

FEI Number: 02-0649338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLORIDA TERRITORIAL LAND COMPANY
101 TIMBERLACHEN CIRCLE
SUITE 202
LAKE MARY, FL 32746 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAMPION, C. JONATHAN SR.
Address: PO BOX 952259
City-St-Zip: LAKE MARY, FL 32795

Title: MGRM () Delete
Name: CHAMPION, BENJAMIN L
Address: PO BOX 952259
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN L. CHAMPION

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date