2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000031466

1. Entity Name
COUNTY LINE ROAD CATTLE, LLC

Principal Place of Business

2128 EAST EDGEWOOD DRIVE

SUITE 109

LAKELAND, FL 33803 US

Mailing Address

2128 EAST EDGEWOOD DRIVE

SUITE 109

LAKELAND, FL 33803 L

FILED May 06, 2004 08:00 AM Secretary of State



01202004 No Chg-LLC

. CR2E083 (10/03)

4. FEI Number 04-3740877

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

RODDA, JOHN A 2128 EAST EDGEWOOD DRIVE SUITE 109 LAKELAND, FL 33803

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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.	

(NOTE: Registered Agent signature required when reinstaling)

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

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	MANAGING MEMBERS/MANAGERS	A CONTRACTOR OF THE PROPERTY O
9. HILE NAME STREET ADDRESS CHY-ST-ZIP	MGRM RODDA, JOHN A 2128 EAST EDGEWOOD DRIVE LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CHY-ST-2IP		
11. Thereby	certify that the information supplied with this filling does not quality for the exe	mption stated in Section 119.07(3)(i), Florida Statutes. I further certify t

11. Inereby centry that the information supplied with this filling does not qualify for the exemption stated in Section 179.07(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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING WANAGING MEMBER, DA AUTHORIZED HEPRESENTATIVE

5/5/54

863-669-0990

Daytime Phone #