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Aug 16, 2004 8:00 am
Secretary of State

04-30-2004 90064 010 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000916

1. Entity Name
M. C. BUCK LAND AND CATTLE CO., LLC

Principal Place of Business	Mailing Address
354 HWY. 17 SOUTH EAST PALATKA, FL 32131	354 HWY. 17 SOUTH EAST PALATKA, FL 32131

34009906

05252004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
17471 S.E.58th Ave	P.O. Box 35
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summerfield, FL 34491	City & State: Weirsdale, FL 32195
Zip / Country	Zip / Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAUEY, JEFFREY L 1721 SE 16TH AVENUE, STE. 101 OCALA, FL 34471	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Managing Member NAME: Frank W. Smith STREET ADDRESS: P.O. Box 35 CITY-ST-ZIP: Weirsdale, FL 32195	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Frank W. Smith MM Frank W. Smith 5/27/04 (352)245-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #