


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90429 043 ****50.00

DOCUMENT # L03000012322	
1. Entity Name AMERICAN LAND & CATTLE COMPANY, LLC	

Principal Place of Business 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103	Mailing Address 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103
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2. Principal Place of Business 1164 GOODLETTE RD.	3. Mailing Address P.O. BOX 10608
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State NAPLES FL
Zip 34102	Country U.S.
Zip 34101	Country US

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2350342	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103	

7. Name and Address of New Registered Agent	
Name Clifford A. Olson	
Street Address (P.O. Box Number is Not Acceptable) 1164 Goodlette Rd	
City Naples	FL Zip Code 34102


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 	Clifford A. Olson	2-29-04
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 May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, CLIFFORD A 1164 GOODLETTE ROAD NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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