

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90043 035 ****50.00

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DOCUMENT # L03000012322 1. Entity Name AMERICAN LAND & CATTLE COMPANY, LLC					
Principal Place of Business 1164 GOODUETTE RD NAPLES, FL 34102			Mailing Address PO BOX 10608 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box # 1048 GOODUETTE RD.		3. Mailing Address 			
Suite, Apt. #, etc. STE. 201		Suite, Apt. #, etc. 			
City & State NAPLES FL		City & State 			
Zip 34102 Country US		Zip Country		4. FEI Number 56-2350342	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OLSON, CLIFFORD A 1164 GOODUETTE RD 1048 GOODUETTE RD. # 201 NAPLES, FL 34102					
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, CLIFFORD A 1164 GOODUETTE ROAD NAPLES, FL 34102	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>CLIFFORD OLSON</u> 4-15-07 239-261-2627 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					