



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000012322 1. Entity Name AMERICAN LAND & CATTLE COMPANY, LLC	
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Principal Place of Business 1048 GOODLETTE RD. STE 201 NAPLES, FL 34102	Mailing Address PO BOX 10608 NAPLES, FL 34101
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2350342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLSON, CLIFFORD A
1048 GOODLETTE RD. #201
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

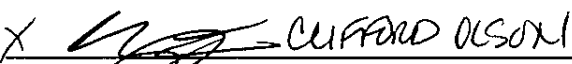
U000000903484
04/30/08-80047-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, CLIFFORD A 1048 GOODLETTE RD. #201 NAPLES, FL 34102
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IN THIS SPACE**

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:  **CLIFFORD OLSON** **4-15-08** **239-261-2627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #