

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040271

1. Entity Name
PIONEER CATTLE COMPANY, LLC



Principal Place of Business
**POST OFFICE BOX 1592
WEST PALM BEACH FL 33402-1592
US**

Mailing Address
**POST OFFICE BOX 1592
WEST PALM BEACH FL 33402-1592**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/05)

4. FCI Number **65-1208111** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**OYER, HARVEY E III
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

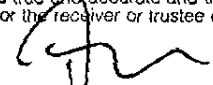
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SATTER, JONATHAN R POST OFFICE BOX 1592 WEST PALM BEACH FL 33402-1592	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000422730 02/17/06-80028-023 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OYER, HARVEY E III 800 CLAREMORE DRIVE WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Jonathan R. Satter** (561) 659-1800