

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90057 011 \*\*\*\*55.00

**DOCUMENT # L03000046748**

1. Entity Name  
CAPTAIN AND THE COWBOY, LLC



Principal Place of Business

604 MAIN STREET  
APOPKA, FL 32703

Mailing Address

P O BOX 1008  
APOPKA, FL 32704

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
06-1714343

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPEIGEL, HOWARD A ESQ.  
1133 LOUISIANA AVENUE SUITE 214  
WINTER PARK, FL 32789

**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

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GREEN, DON
STREET ADDRESS	<del>1935 S MIRAMAR AVE</del> P.O. Box 1008
CITY-STATE-ZIP	<del>INDIALANTIC, FL 32903</del> Apopka, FL 32704
TITLE	MGRM
NAME	GONG, HENRY
STREET ADDRESS	<del>181 KENTUCKY BLUE CIR</del> P.O. Box 1008
CITY-STATE-ZIP	<del>APOPKA, FL 32742</del> Apopka, FL 32704
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/07

Date

407-310-1718

Daytime Phone #