## 2008 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Feb 15, 2008 08:00 AN Secretary of State **DOCUMENT # L03000055336** 1. Entity Name CATTLECAR, LLC Principal Place of Business Mailing Address **445 LIMIT AVENUE** 445 LIMIT AVENUE MT. DORA, FL 32757 MT. DORA, FL 32757 US 01312008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMPSON, ROBERT L DO NOT WRITE 445 LIMIT AVE MOUNT DORA, FL 32757 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 remesting) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000829345 02/26/08-80036-021 138.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME SIMPSON FAMILY PARTNERSHIP, LTD. STREET ADDRESS 445 LIMIT AVE CITY-ST-ZIP MOUNT DORA, FL 32757 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filting 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHOR

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