

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011623

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** MILLS CATTLE AND WINDMILL, LLC

**Current Principal Place of Business:**

12564 CR 223  
PO BOX 387  
OXFORD, FL 34484

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 387  
OXFORD, FL 34484

**New Mailing Address:**

**FEI Number:** 42-1619706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, SHARON  
12564 CR 223  
OXFORD, FL 34484 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MILLS, GERALD W SR  
Address: 12564 CR 223  
City-St-Zip: OXFORD, FL 34484

Title: MGR ( ) Delete  
Name: MILLS, SHARON A  
Address: 12564 CR 223  
City-St-Zip: OXFORD, FL 34484

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON MILLS

MGR

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date