

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015737

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: OAKDALE HAMMOCK CATTLE CO. LLC

**Current Principal Place of Business:**

6279 SUNNYSIDE DR.  
ATTN: ANDREW N. JONES  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

6279 SUNNYSIDE DR.  
ATTN: ANDREW N. JONES  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

JONES, ANDREW N  
6279 SUNNYSIDE DR.  
LEESBURG, FL 34748    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/MEMBERS:**

Title:                      MGR                      ( ) Delete  
Name:                      JONES, ANDREW N  
Address:                      6279 SUNNYSIDE DR.  
City-St-Zip:                      LEESBURG, FL 34748

Title:                      MGRM                      ( ) Delete  
Name:                      JONES, REBECCA A  
Address:                      6279 SUNNYSIDE DR.  
City-St-Zip:                      LEESBURG, FL 34748

**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 Section 119.07(3)(i), 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: ANDREW N JONES                      MGR                      02/07/2005

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