

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000032916

1. Entity Name
CATTLEMEN COMMERCE CENTER, LLC



Principal Place of Business

**6389 TOWER LANE
SARASOTA, FL 34240**

Mailing Address

**6389 TOWER LANE
SARASOTA, FL 34240**



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0510173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORRELL, KELLY
1855 RACIMO DR
SARASOTA, FL 34240**

**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	L&T MANAGEMENT, LLC
STREET ADDRESS	6389 TOWER LANE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	MGR
NAME	EAW CATTLEMEN LLC
STREET ADDRESS	663 MOURNING DOVE DR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGR
NAME	EAW REAL EST. INVESTMENT SARASOTA LLC
STREET ADDRESS	663 MOUNING DOVE DR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000743375
05/15/07-80105-019 50.00

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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: *Laurie DeLoach*

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

Date

Daytime Phone #

4-22-07