

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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**



04152008No Chg-LLC

CR2E083 (12/07)

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 restate)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UD00000910819
05/07/08-80016-004 138.75

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	

**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

Date _____

Daytime Phone # _____