## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Jul 11, 2005 8:00 am Secretary of State

DOCUMENT # L0400033534  1. Entity Name BOBCAT LAND COMPANY, LLC						07-11-2005 90045 041 ****50.00				
Principal Place of Business Mailing Address  8505 IMMOKOLEE ROAD 8505 IMMOKOLEE RO FORT PIERCE, FL 34951 FORT PIERCE, FL 34						2	00622	05 Nimum	11/4/5/11/1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052005	Chg-LLC	CR2E08	3 (10/03)			
City & State		City & State		4. FEI Numbe	er			rplied For		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		5.00 Add		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered Ag	gent		
				Name						
OSTEEN, 131 NORT SUITE 220			Street Address (P.O. Box Number is Not Acceptable)							
FORT PIERCE, FL 34950							<del>-</del>		_	
ĺ			City			FL	Zip Code	2		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s register	ed office or reg	gistered agent, or bot	th, in the State of Flo	orida. I am fai	miliar with,	and accept	
SIGNATURE .	or rogardos agaria									
0.014710132	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registere	d Agent signature re	equired when reinstating)		DATE			
Filing Fee is \$50.00 Due by September 7, 2005		1								
Due t	ling Fee is \$50.00 by September 7, 2005						ce check pay a Departmer	•	<b>:</b>	
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Due I	MANAGING MEMBER	RS/MANAGERS	10.	<u> </u>		Florid	a Departmen	•	Addition	
9.  FILE NAME	MANAGING MEMBER MGRM OSTEEN, THOMAS A		TITLE	E		Florid	a Departmen	nt of State		
9.  FITLE  NAME  STREET ADDRESS	MANAGING MEMBER MGRM OSTEEN, THOMAS A 8505 IMMOKOLEE ROAD		TITLI NAM STRE	et adoress		Florid	a Departmen	nt of State		
9.  FITE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBER MGRM OSTEEN, THOMAS A	☐ Delete	TITLE NAM STRE CITY	ET ADDRESS -ST-ZIP		Florid	a Departmen	nt of State	Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 MANAGIR, MANAGER, OR AUTHORIZED REPRESENTATIVE