2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039744

1. Entity Name
NEWSOME CATTLE RANCHES, LLC

Principal Place of Business	Mailing Address
1048 STRIMENOS LANE LEESBURG, FL 34748	1048 STRIMENOS LANE LEESBURG, FL 34748

01172006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1173094
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD S. BERGHOLTZ, P.A.
1107 NORTH DONNELLY STREET
MOUNT DORA, FL 32757

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000436086
02/27/06-80022-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STRIMENOS, PETER T
STREET ADDRESS	1048 STRIMENOS LANE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	MGR
NAME	NEWSOME, JOHN
STREET ADDRESS	33319 COUNTY ROAD 468
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Peter T. Strimenos 2-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #