

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 1048 STRIMENOS LANE LEESBURG, FL 34748	Mailing Address 1048 STRIMENOS LANE LEESBURG, FL 34748
--	--

DO NOT WRITE IN THIS SPACE



01172006No Chg-LLC

CR2E083 (11/05)

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**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

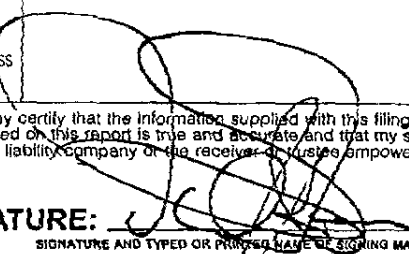
000000435085
02/27/06-80022-023 50.00

9. MANAGING MEMBERS/MANAGERS

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

**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:  **Peter T. Strimenos** **2-3-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #