## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # L0400058836  1. Entity Name B & W SOD & CATTLE, LLC							01-19-2006 9	90014 003	7 ****55.0	00	
Principal Place of Business 1590 SW 28TH ST. OKEECHOBEE, FL 34974		Mailing Address 1590 SW 28TH ST. OKEECHOBEE, FL 34974				40003	3144				
2. Principal Place of Business 7201 S.W. 196th. Terr. Suite, Apt. #, etc.		3. Mailing Address 7201 S.W. 196th. Terr. Suite, Apt. #, etc.		j	01092006 Chg-LLC CR2E083 (11/05)						
City & State Okeech Zip		City & State Okeechobee, Zip	F1.	try					Ap	oplied For at Applicable	
3497	4 U.Ş.A.	34974	lu.s	.A.					Fee Require	d	
	6. Name and Address of Current R	legistered Agent		Name	7	7. Name and	Address of New R	Registered /	Agent		
WSE, FREIDA M 1590 SW 28TH ST. OKEECHOBEE, FL 34974				Brum Street Ad	Srumley, Charles W. Jr. Street Address (P.O. Box Number is Not Acceptable) 7201 S.W. 196th. Terr.						
				City					Zip Code		
				Okaa	chobe	ee,		FL	12497	'⊿	
#the obligat	named entity submits this statement for ions of registered agent.		registere	Laste	registered	agent, or both	n, in the State of Flo	orida. I am			
I SIGNATURE.					<b>u</b>	<b>/</b>	Vin A.		1/1//	2006	
	Charles W. Brumle Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registered	d Agent aignatur	re required who	on reinstating)	ly fr.	DATE	1/10/	<u>200</u> 6	
Fi	Signature, typed or printed name of registered agent and ling Fee is \$50.00 ue by May 1, 2006	d file i applicable. (NOT	E: Registerer	d Agent aignatur	re required wh	on reinstating)		te check p			
Fi De	ling Fee Is \$50.00 ue by May 1, 2006 : MANAGING MEMBER	IS/MANAGERS	E: Registered	d Agent aignatur	re required wh	en reinstating)		te check p a Departm	ayable to ent of State		
Fi De	ling Fee Is \$50.00 ue by May 1, 2006		10. TITLE NAMI		we required wh	en reinstating)	Florida	te check p a Departm	ayable to ent of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MSE, FREIDA M 1590 SW 28TH ST.	IS/MANAGERS	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP	Brum: 7201	ley, Cl	ADDITIONS narles W	ke check p a Departm /CHANGES . Jr. err.	ayable to ent of State	<b>e</b>	
9. TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR MSE, FREIDA M 1590 SW 28TH ST. OKEECHOBEE, FL 34974 MGR BRUMLEY, CHARLES W JR 1590 SW 28TH ST.	IS/MANAGERS	10. TITLE NAMI STRE CITY FILLE NAMI STRE CITY TITLE NAMI STRE	E E E ADDRESS - ST-ZIP E E E E ADDRESS - ST-ZIP E E E E T ADDRESS - ST-ZIP E E	Brum: 7201	ley, Cl	ADDITIONS narles W	ke check p a Departm //CHANGES	ayable to ent of State Change	e Addition	
9. TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR MSE, FREIDA M 1590 SW 28TH ST. OKEECHOBEE, FL 34974 MGR BRUMLEY, CHARLES W JR 1590 SW 28TH ST.	IS/MANAGERS  Detete  Detete	10. THE NAME STREE CITY- THE NAME STREE CITY- THE NAME STREE CITY- THE NAME STREE CITY-	E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP	Brum: 7201	ley, Cl	ADDITIONS narles W	ke check p a Departm /CHANGES . Jr. err.	ayable to ent of State	Addition	
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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: Charles W. Brumley Jr. Mgr.

Charles Whombah 1/10/2006 863-762 7.