

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062579

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: GREEN GATE CATTLE COMPANY, LLC

**Current Principal Place of Business:**

1680 MICHIGAN AVE  
SUITE 1000  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

265 WEST 33RD STREET  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

PO BOX 403046  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXA, JOSEPH J  
1680 MICHIGAN AVE  
SUITE 1000  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

LEXA, JOSEPH J  
265 WEST 33 STREET  
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: \_\_\_\_\_ 04/22/2008  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEXA, JOSEPH J  
Address: 1680 MICHIGAN AVE, SUITE 1000  
City-St-Zip: MIAMI BEACH, FL 33139 FL

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEXA, JOSEPH J  
Address: 265 WEST 33 STREET  
City-St-Zip: MIAMI BEACH, FL 33140 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH J LEXA                      MGR                      04/22/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date