
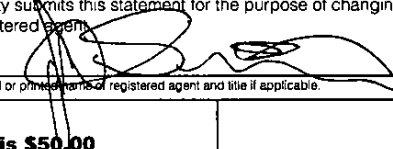
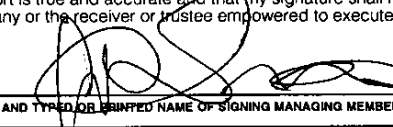


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90220 028 \*\*\*\*50.00

<b>DOCUMENT # L05000010721</b> 1. Entity Name <b>COOKS HAMMOCK CATTLE COMPANY, LLC</b>					
Principal Place of Business <b>273 SE TURTLE RD MAYO, FL 32066</b>			Mailing Address <b>273 SE TURTLE RD MAYO, FL 32066</b>		
2. Principal Place of Business <b>307 SE CR 357</b>		3. Mailing Address <b>P.O. Box 1420</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MAYO, FL</b>		City & State <b>MAYO, FL</b>		4. FEI Number <b>03172006</b> Chg-LLC <b>CR2E083 (11/05)</b>	
Zip <b>32066</b>	Country <b>USA</b>	Zip <b>32066</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPRINGER, J.D. 273 SE TURTLE RD MAYO, FL 32066</b>			7. Name and Address of New Registered Agent Name <b>Springer, J. D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>307 SE CR 357</b> City <b>MAYO</b> <b>FL</b> Zip Code <b>32066</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>21 MAR 06</b> <small>NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRINGER, J.D. 273 SE TURTLE RD MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>307 SE CR 357 MAYO FL 32066</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTNER, STEPHEN 273 SE TURTLE RD MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>307 SE CR 357 MAYO FL 32066</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRINGER, ESTHER 273 SE TURTLE RD MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>307 SE CR 357 MAYO FL 32066</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTNER, PAIGE 273 SE TURTLE RD MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>307 SE CR 357 MAYO FL 32066</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>21 MAR 06</b> <small>Date Daytime Phone #</small>	