


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90240 014 \*\*\*138.75

<b>DOCUMENT # L06000008133</b>	
1. Entity Name ST. LUCIE CATTLE ASSOCIATES LLC	

Principal Place of Business 26003 ORANGE AVENUE FORT PIERCE, FL 34945	Mailing Address P.O. BOX 12909 FORT PIERCE, FL 34979
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00014401



01242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4173131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  ADAMS, MICHAEL L 26003 ORANGE AVENUE FORT PIERCE, FL 34945
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**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS RANCH, INC. 26003 ORANGE AVENUE FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/Director Alto L. Adams, Jr. 26003 Orange Avenue Ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director Alto Lee Adams, III 26003 Orange Avenue Ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director Peter W. Harrison 26003 Orange Avenue Ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/ Dorothy S. Adams 26003 Orange Avenue Ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Michael L. Adams 26003 Orange Avenue Ft. Pierce, FL 34945

**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:**  **Michael L. Adams** **3/5/08** **(772) 461-6321**

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