

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008133

FILED
Mar 12, 2009
Secretary of State

Entity Name: ST. LUCIE CATTLE ASSOCIATES LLC

Current Principal Place of Business:

26003 ORANGE AVENUE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12909
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 20-4173131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MICHAEL L
26003 ORANGE AVENUE
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS RANCH, INC.
Address: 26003 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

Title: CD () Delete
Name: ADAMS, ALTO L JR
Address: 26003 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: VPD () Delete
Name: ADAMS, ALTO L III
Address: 26003 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: VPD () Delete
Name: HARRISON, PETER W
Address: 26003 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: S () Delete
Name: ADAMS, DOROTHY S
Address: 26003 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: PD () Delete
Name: ADAMS, MICHAEL L
Address: 26003 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANE K. HAENNING

MRS.

03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date