

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008133

FILED
Feb 08, 2010
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
Name: ADAMS RANCH, INC.
Address: 26003 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

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

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

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

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

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

I hereby 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: MICHAEL L.ADAMS

PD

02/08/2010

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