


**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

2/8

02-08-2008 90098 010 \*\*\*138.75

<b>DOCUMENT # L06000019044</b>			
1. Entity Name CS CATTLE COMPANY, L.L.C.			
Principal Place of Business 6235 LAKE CHARM CIRCLE OVIEDO, FL 32765		Mailing Address 6235 LAKE CHARM CIRCLE OVIEDO, FL 32765	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEEAFHEY, CHARLES DAVID 6235 LAKE CHARM CIRCLE OVIEDO, FL 32765		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reorganizing)			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, CHARLES DAVID 6235 LAKE CHARM CIRCLE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>C. David Lee</i>		C. David Lee	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		2/5/08	
		407-365-9561	
		9561	

30002693



01242008 Chg-LLC CR25083 (12/06)

4. FEI Number ~~23-500507~~ Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required