

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90199 041 ****50.00

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02142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000056319 1. Entity Name 44 CATTLE COMPANY LLC					
Principal Place of Business 800 SOUTH OSPREY AVE SARASOTA, FL 34236 US			Mailing Address 800 SOUTH OSPREY AVE SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box # 1999 NE Livingston St Suite, Apt. #, etc.		3. Mailing Address 1999 NE Livingston St Suite, Apt. #, etc.			
City & State Arcadia, FL		City & State Arcadia, FL		4. FEI Number 20-5001344	
Zip 34266		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, PHIL SR 800 SOUTH OSPREY AVE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Philip W. Turner Street Address (P.O. Box Number is Not Acceptable) 1999 NE Livingston St City Arcadia FL Zip Code 34266		
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 obligation of registered agent. SIGNATURE Philip W. Turner DATE 2-14-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, PHIL SR 800 SOUTH OSPREY AVE SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Philip W. Turner 1999 NE Livingston St Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, JOHN 800 SOUTH OSPREY AVE SARASOTA, FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John H. Turner III 1999 NE Livingston St Arcadia, FL 34266 <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	
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	
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	
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: Philip W. Turner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Feb. 14, 2007 <small>Date</small>		863-494-3700 <small>Daytime Phone #</small>