

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070590

Entity Name: DLW CATTLE LLC

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 171
FORT MEADE, FL 33841

New Principal Place of Business:

1115 KELLER ROAD
FORT MEADE, FL 33841

Current Mailing Address:

P.O. BOX 171
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 32-0184768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVANE, JASON B
1115 KELLER ROAD
FORT MEADE, FL 33841 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: DEVANE, JASON B
Address: 1115 KELLER ROAD
City-St-Zip: FORT MEADE, FL 33841

Title: MGRM () Delete
Name: LOPEZ, MANUEL
Address: 814 NORTH CHURCH AVE
City-St-Zip: FORT MEADE, FL 33841

Title: MGRM () Delete
Name: WILLIAMSON, CHRISTOPHER L
Address: 1215 RIVER OAK DRIVE
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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 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: JASON B DEVANE

MGMR

01/12/2007

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