


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000120729			
1. Entity Name OLD DIXIE CATTLE COMPANY, LLC			
Principal Place of Business 4601 STATE ROAD 100, SUITE D2 BUNNELL, FL 32110		Mailing Address 4601 STATE ROAD 100, SUITE D2 BUNNELL, FL 32110	
2. Principal Place of Business - No P.O. Box # 800 N STATE ST		3. Mailing Address PO BOX 354768	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BUNNELL FL		City & State PALM COAST FL	
Zip 32110	Country US	Zip 32135-4768	Country US
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORNT0, L.A. JR, ESQ 149 S. RIDGEWOOD AVENUE, SUITE 550 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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 ROSS, DENNIS C <input type="checkbox"/> Delete 4601 STATE ROAD 100, SUITE D2 BUNNELL, FL 32110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 354768 PALM COAST FL 32135-4768
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRAUSNECK, PAMELA G <input type="checkbox"/> Delete 4601 STATE ROAD 100, SUITE D2 BUNNELL, FL 32110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 354768 PALM COAST FL 32135-4768
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DRS/Y	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103011438 05/22/07--01021--011 **600.00
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/17/07 Daytime Phone # 386 437-7007	