


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90189 039 ****50.00

DOCUMENT # L06000121062 1. Entity Name CLARK CATTLE I, LLC			
Principal Place of Business 12300 MOORE ROAD LAKELAND FL 33809 US		Mailing Address 12300 MOORE ROAD LAKELAND FL 33809 US	
2. Principal Place of Business - No P.O. Box # 12300 Moore Rd. Suite, Apt. #, etc. Lakeland Fla. City & State Lakeland Fla. Zip 33809 Country Polk		3. Mailing Address 12300 Moore Rd. Suite, Apt. #, etc. Lakeland Fla. City & State Lakeland Fla. Zip 33809 Country Polk	
4. FEI Number 20-8102005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent CLARK, GEORGE E 12300 MOORE ROAD LAKELAND FL 33809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when constituting.)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete CLARK, GEORGE E 12300 MOORE ROAD LAKELAND FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete CLARK, CURTIS H P.O. BOX 932 POLK CITY FL 33868	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
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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 Section 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: <u>George E. Clark</u> <u>George E Clark 2-21-07 868560 6929</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			