

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122189

FILED
Feb 15, 2007
Secretary of State

Entity Name: 9 DEAD PALMS CATTLE COMPANY LLC

Current Principal Place of Business:

5185 EVINRUDE ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

5185 EVINRUDE ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, SAMUEL W
5185 EVINRUDE ROAD
MELBOURNE, FL 32934 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: MGR () Delete
Name: LONG, SAMUEL W
Address: 5185 EVINRUDE ROAD
City-St-Zip: MELBOURNE, FL 32934

Title: MGR (X) Delete
Name: LONG, MARTY
Address: 5185 EVINRUDE ROAD
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

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: SAMUEL W. LONG

MGR

02/15/2007

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