

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081860

FILED
Mar 31, 2009
Secretary of State

Entity Name: MEADOW POINTE ALPACAS, LLC

Current Principal Place of Business:

1232 SEMINOLE DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1232 SEMINOLE DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 26-0680085 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOSES, ALISON J ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 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: CRAMER, KATHLEEN B
Address: 1232 SEMINOLE DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN B. CRAMER

MGRM

03/31/2009

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