2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED 4 May 22, 2008 8:00 am	
DOCUMENT # L07000109732 1. Entity Name R & D CATTLE RANCH, LLC					Secretary of State 04-24-2008 90018 043 ***138.75
7, 4, 5	7. 22 7 3 115 577, 22 5		66		
Principal Plac 8825 TAMIA/ NAPLES, FL	VII TRAIL EAST	Mailing Address 8825 TAMIAM! TRAIL EAST NAPLES, FL 34113			I CORNIGIN ETI OTTIR IDEN 1570 FERN ABIRK ROKLOBIN IANG UTAKO RIKO ROTTI RI KRYI
Principal Place of Business - No P.O. Box # 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152008 Chg-LLC CR2E083 (12/06)
City & State		City & State			4. FEI Number Applied For 26–1323551 Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired S. 5.00 Additional Fee Required
6. Name and Address of Current Registered Agent Name P				7. Name and Address of New Registered Agent	
CORPORATE CREATIONS NETWORK, INC.					e, Constance M P.O. Box Number is Not Acceptable)
11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410					West Marion Avenue
es d'				uit	e 112
					a Gorda FL 33956
B. 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	Signature, typed or printed name of registered agent	while	E Registered Agent eigneture		4/18/0 8 when (entitional) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				- Make check-payable to- Florida Department of State	
9. TITLE	MANAGING MEMB	ERS/MANAGERS Detete	10.		ADDITIONS/CHANGES Change Addition
NAME STREET ADDRESS	BOFF, JOSEPH 8825 TAMIAMI TRAIL EAST	Li belab	NAME STREET ADDRESS		C Company
CITY-ST-ZIP	NAPLES, FL 34113 MGR	☐ Delete	CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS	DELANGE, LUIT 8825 TAMIAMI TRAIL EAST	CT Delete	NAME STREET ADDRESS		Citatigo Ci Adottori
CITY - ST - ZIP	NAPLES, FL 34113		CITY-ST-20P		☐ Change ☐ Addition
NAME STREET ADDRESS	MGR BOBROW, JOEL 8825 TAMIAMI TRAIL EAST	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	NAPLES, FL 34113		CITY_SI-ZIP		☐ Chande ☐ Addition
RITLE NAME	MGR DELANGE, ULRIKE	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	8825 TAMIAMI TRAIL EAST NAPLES, FL 34113		STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delate	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C create - Notice
11. Thereby 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 of the specific provided by Chapter 60B, Florida Statutes.					
SIGNATURE: JOEN I BOBRON 4/14/OF 239-774-5733					
JOIGIA	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHORIZED R	EPRESE	NTATIVE Date Daytime Phone #