

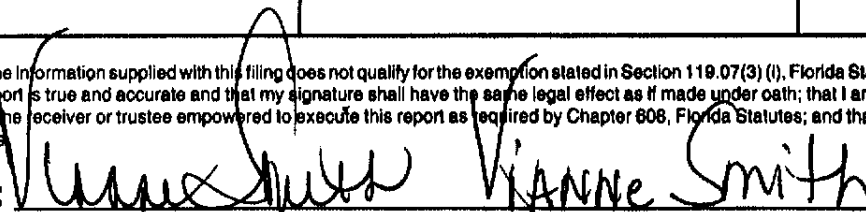


FILE NOW: Fee after May 1, will be \$588.75

| | | | | |
|--|----------------------------------|---|--|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | FILED 97 MAY -1 PM 12: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | |
| 1. Name and Mailing Address of Limited Liability Company CAMP HAMMOCK CATTLE COMPANY, L.C. 3200 CHAD LANE KISSIMMEE FL 34746 | | DOCUMENT # L93000000011 1a. Principal Place of Business Address 515 W BRYAN ST KISSIMMEE FL 34741 | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | | 3. Date Organized or Qualified 01/06/1993 3a. State of Formation FL 4. FEI Number 59-3155189 5. Date of Last Report 08/23/1996 |
| 7. Name and Address of Current Registered Agent SMITH, MARY VIANNE K 515 W BRYAN ST KISSIMMEE FL 34741 | | 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | | |
| SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-nesting)</small> | | DATE _____ | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | |
| MAN | SMITH, MARY VIANNE K | 515 W BRYAN ST | KISSIMMEE FL | |
| | | 300002169183--4 -05/07/97--01044--026 ****203.75 ****203.75  | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | |
| SIGNATURE:  | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | | | |
| Date Daytime Phone # | | | | |