

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

APPROVED  
AND  
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1997 FEB 28 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

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

**DOCUMENT #** L93000000013

SOUTHPORT CATTLE COMPANY, L.C.  
515 W BRYAN ST  
KISSIMMEE FL 34741

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

01/06/1993

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

69-3155193

5. Date of Last Report

6. Certificate of Status Desired

08/19/1996

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

KELLEY, GEORGE A  
515 W BRYAN ST  
KISSIMMEE FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

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.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MAN KELLEY, GEORGE A

515 W BRYAN ST

KISSIMMEE FL

600002104056--7  
-03/04/97--01109--001  
\*\*\*\*\*203.75 \*\*\*\*\*203.75

*Handwritten signature and date*  
3/3/97

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: *George A. Kelley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*2/20/97 407 846 0229*

Date

Daytime Phone #