
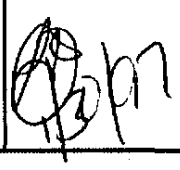
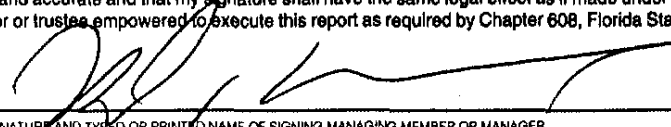


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		DOCUMENT # L93000000017			
M2B CATTLE, L.C. 1000 WEST MAIN STREET LEESBURG FL 34748		1a. Principal Place of Business Address 1000 WEST MAIN STREET LEESBURG FL 34748			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 1100 Main Street Suite, Apt. #, etc. Suite 211 City & State Lady Lake, Florida Zip 32159		2a. Mailing Address 1100 Main Street Suite, Apt. #, etc. Suite 211 City & State Lady Lake, Florida Zip 32159		3. Date Organized or Qualified 01/04/1993 3a. State of Formation FL 4. FEI Number 59-3156314 5. Date of Last Report 04/02/1996	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent BURNSED, R D 1000 WEST MAIN STREET LEESBURG FL 34748		8. Name and Address of New Registered Agent Name Burnsed, R. D Street Address (P.O. Box Number is Not Acceptable) 1100 Main Street Suite, Apt. #, etc. Suite 211 City Lady Lake Zip Code FL 32159			
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	
M	BURNSED, R D	1000 WEST MAIN STREET		LEESBURG FL	
M	MCDOWELL, DODD	803 HARPER PLACE		LADY LAKE FL	
				000002076400--7 -02/04/97--01010--019 ****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) (f), 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: 		1/27/97 352-753-4690 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER R.D. Burnsed, member					