File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY 💉 FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 99 MAR 12 PM 2: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA **DOCUMENT # 19300000017** Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address M2B CATTLE, L.C. 1100 MAIN STREET 1100 MAIN STREET SUITE 211 SUITE 211 LADY LAKE FL 32159 LADY LAKE FL 32159 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 01/04/1993 \mathbf{FL} Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3156314 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Žιο Country \$8.75 Additional Fee Required 03/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BURNSED, R D 1100 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 211 LADY LAKE FL 32159 Suite Apt #, etc. City Zip Code 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 ___ (Registered Agent Accepting Appointment). (NOTE: Fing sterrol Agent significant traplace whereas string) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code BURNSED, R D M 1000 WEST MAIN STREET LEESBURG FL М MCDOWELL, DODD 803 HARPER PLACE LADY LAKE FL 300002814353----03/22/99--01148--008 ****188.75 ****188.75 11 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 habitity 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 MEED ON PROTECTION OF SCHOOL MANAGES AND