File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



|  | ANNUAL REPORT 1998               |                                |                | FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS |               |  | SECRETARY OF STATE<br>DIVISION OF CORPORATIONS                        |                            |   |
|--|----------------------------------|--------------------------------|----------------|--|---------------|--|---|----------------------------|---|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # 100000000000000000000000000000000000   |                                  |                                |                |  |               |  | 98 MAR 18 PM 12: 16   |                            |   |
| STRONG CATTLE COMPANY, L.C. 9215 CR 623 BUSHNELL FL 33513  |                                  |                                |                |  |               |  | 1a. Principal Place of Business Address 9215 CR 623 BUSHNELL FL 33513 |                            |   |
| 2. Princi  | pal Place of Busines             | ss                             | 2a. Mail       | ling Address   |               |  | 3. Date Organiz   | ed or Qualified            | 3a. State of Formation  |
| Suite, Ap  | t. #, etc.                       |                                | Suite, Ar      | pt. #, etc.  |               |  | 09/30/1<br>4. FEI Number  | 993                        | FI. Applied For   |
| City & State   |                                  |                                | City & State   |  |               |  | 59-3322   | 2552                       | Not Applicable  |
| <b>Ž</b> ip  | Co                               | Country                        | Zip            |  | Counti        | · ·  | 5. Date of Last F   |                            | Certificate of Status Desired     S8.75 Additional Fee Required |
|  | 7. Name and                      | d Address of Current R         | Registered     | Agent  | gent 8. N     |  | Name and Address of New Register                                      |                            | itered Agent/Office   |
| STRONG, JOSEPHINE P<br>9215 CR 623<br>BUSHNELL FL 33513  |                                  |                                |                | Sulte, Apt. #, e   |               |  | 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. |                                  |                                |                |  |               |  |   |                            |   |
| SIGNATU  | JRE                              | (Registered Agent Accepting Ap | esoinlment) (f | MOTE: Registered Ac  | nulannia toer | o required when reinstating                        | <u></u> (   | DATE                       |   |
| 10. Title  |                                  | ing Members/Managers           |                | NOTE INGUISE.  |               | e required when reinstating;<br>ess Street Address | )   | City,                      | . State and Zip Code  |
| MGR  | STRONG, JOSEPHINE GEN 9215 CR 62 |                                |                |  | 23            | BUSHNELL FL  |   |                            |   |
|  |                                  |                                |                |  |               |  | 000   | 00024<br>-03/20/<br>****18 | 4642704<br>/9301126012<br>88.75 ****188.75                      |
| ;  |                                  |                                | i              |  |               |  |   | 9                          | 100   |

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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.