File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS CO APR 20 PM 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000001590** 1a. Principal Place of Business Address L CROSS CATTLE, LLC P.O. BOX 148 6208 EAST COUNTY ROAD 466 OXFORD FL 34484 OXFORD FL 34484 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/26/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3527437 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BASS, F.E. 6208 EAST COUNTY ROAD 466 Street Address (P.O. Box Number is Not Acceptable) OXFORD FL 34484 Suite, Apt. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations 10. Title Managing Members/Managers Business Street Address City, State and Zip Code BASS, F.E. 6208 EAST COUNTY ROAD 466 MGR OXFORD FL MGR ANDERSON, TRENA 6208 EAST COUNTY ROAD 466 OXFORD FL 10**2854089---**04/27/99--01048--022 ****188.75 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.