2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002071

1. Entity Name

CENTRAL BEEF IND., L.L.C.

Principal Place of Business	Mailing Address
571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514	571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3569726 ☐ Applied F- ☐ Not Appli-

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEAR, L. DAVID ESQ 401 EAST JACKSON STREET, SUITE 2700 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.

SIGNATURE (Signature required of new registered agent and title if applicable) (required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHERNIN, MARSHALL 571 WEST KINGS HIGHWAY CENTER HILL FL 33514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad-
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PART CHERNIN, ALEX 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad-
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PART CHERNIN, ADAM 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad-
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PART KATZMAN, LISA 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad-
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad-
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad-

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05/22/06-80013-024 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informati indicated on this 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 t limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 5/18/06 352-793-367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #