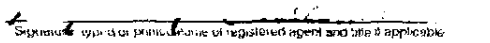


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514			Mailing Address 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent SHEAR, L. DAVID ESQ 401 EAST JACKSON STREET, SUITE 2700 TAMPA FL 33602				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code FL	
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 accept the obligations of registered agent.					
SIGNATURE  (Print or type name of registered agent and title if applicable) (Print or type name of filer) (Print or type 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	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CHERNIN, MARSHALL		NAME		
STREET ADDRESS	571 WEST KINGS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CENTER HILL FL 33514		CITY-ST-ZIP		
TITLE	PART	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CHERNIN, ALEX		NAME		
STREET ADDRESS	571 WEST KINGS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CENTER HILL FL 33514		CITY-ST-ZIP		
TITLE	PART	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CHERNIN, ADAM		NAME		
STREET ADDRESS	571 WEST KINGS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CENTER HILL FL 33514		CITY-ST-ZIP		
TITLE	PART	☐ Delete	TITLE	☐ Change	☐ Add
NAME	KATZMAN, LISA		NAME		
STREET ADDRESS	571 WEST KINGS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CENTER HILL FL 33514		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2ED83 (10/05)

4. FEI Number **59-3569726**

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code
FL

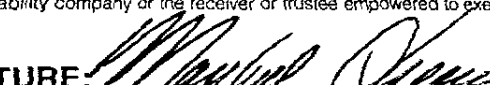
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FILE NOW!!! FEE IS \$50.00
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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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 information 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **501806 352-293-367**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #