2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-14-2007 90222 011 ****50.00

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 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3569726 ☐ Applied For ☐ Not Applicable

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

6. 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 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 accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P	☐ Delete
NAME	CHERNIN, MARSHALL	
STREET ADDRESS	571 WEST KINGS HIGHWAY	
CITY-ST-ZIP	CENTER HILL FL 33514	
TITLE	PART	☐ Delete
NAME	CHERNIN, ALEX	
STREET ADDRESS	571 WEST KINGS HIGHWAY	
CITY-ST-ZIP	CENTRAL HILL FL 33514	
TITLE	PART	☐ Delete
NAME	CHERNIN, ADAM	
STREET ADDRESS	571 WEST KINGS HIGHWAY	
CITY-ST-ZIP	CENTRAL HILL FL 33514	
TITLE	PART	☐ Delete
NAME	KATZMAN, LISA	
STREET ADDRESS	571 WEST KINGS HIGHWAY	
CITY-ST-ZIP	CENTRAL HILL FL 33514	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mgt Partner 3-6-07 352-793-3671

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