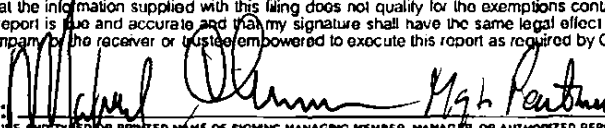


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514			Mailing Address 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		4. FEI Number 59-3569726																																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																											
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 60%;"> P CHERNIN, MARSHALL 571 WEST KINGS HIGHWAY CENTER HILL FL 33514 ☐ Delete </td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> PART CHERNIN, ALEX 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514 ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> PART CHERNIN, ADAM 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514 ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> PART KATZMAN, LISA 571 WEST KINGS HIGHWAY CENTRAL HILL FL 33514 ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						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 ☐ Addition			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 ☐ Addition			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 ☐ Addition			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 ☐ Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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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:  3-6-07 352-793-3671 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																															