


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

03-14-2003 90004 005 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3569726	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR MANAGING PARTNER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHERNIN, MARSHALL	NAME			
STREET ADDRESS	571 WEST KINGS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	CENTER HILL FL 33514	CITY-ST-ZIP			
TITLE	PARTNER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHERNIN, ALEX	NAME			
STREET ADDRESS	571 WEST KINGS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	CENTRAL HILL FL 33514	CITY-ST-ZIP			
TITLE	PARTNER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHERNIN, ADAM	NAME			
STREET ADDRESS	571 WEST KINGS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	CENTRAL HILL FL 33514	CITY-ST-ZIP			
TITLE	PARTNER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATZMAN, LISA	NAME			
STREET ADDRESS	571 WEST KINGS HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	CENTRAL HILL FL 33514	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I 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 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: <i>[Signature]</i> 3/11/03 352-793-3671					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					