2005 LIMITED LIADILITY COMBANY

FILED \mathbf{AM} e

ANNUAL REPORT				Apr 19, 2005 08:00
DOCU	MENT # L990000067	751		Secretary of State
Entity Name TAYLOR CATTLE & CITRUS L.L.C.		***		
<u>}</u>				
Principal Place	e of Business	Mailing Address	<u> </u>	
11401 A.D. T MYAKKA CITY	TAYLOR ROAD	11401 A.D. TAYLOR ROAD Myakka City, FL 34251		
WITHIUM OIT	1,11 34231	MINION OILL, LE 34231		1 INDICES NE SOME STAN ENGLE ENGLED AND AND AND THE STAN AND AND AND AND AND AND AND AND AND A
DO NOT WRITE IN THIS SPA			CF	03292005No Chg-LLC
	70 NOT WITTE	MY THO OFA	-	4. FEI Number Applied For 65-0957830 Not Applicable
				5. Certificate of Status Desired Space Spa
	5. Name and Address of Current R	egistered Agent		
TAYLOR,	HUGH L	*\$		DO NOT WRITE
11401 A.D. TAYLOR ROAD MYAKKA CITY, FL 34251				
	0111,112 0-1201			IN THIS SPACE
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or register	red agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE.				
	Signature, lyped or printed name of registered agent ar	d little if applicable. (NOTE, Register	ed Agent signature require	d when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005			The second of th
9.	MANAGING MEMBER	S/MANAGERS		
NAME	P TAYLOR, HUGH L			
STREET ADDRESS CITY+ST-ZIP	11401 A.D. TAYLOR RD. MYAKKA CITY, FL 34251			Hinninatica
TITLE	MIANNA CITT, FL 34201		-	U00000315300 04/19/05-80027-021 50.00
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE			• •	
NAME STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP			4_	
TITLE NAME				IN THIS SPACE
STREET ADDRESS	j			
CITY-ST-ZIP				 -
NAME				
STREET ADDRESS CITY - SY - ZIP	_			
TITLE	,, -		-	
NAME STREET ADDRESS	16.91			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CITY-ST-ZIP

lan SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

APR 0 5 2005

Daytime Phone #