2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007372

1. Entity Name
ROCKER W. CATTLE CO., L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 28 AM 10:02

Principal Place of Business	Mailing Address
16770 SAND HILL ROAD	P.O. BOX 128
WINTER GARDEN FL 34787	POLK CITY FL 33868-0128

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Haines City	P.O. Box 128
Suite, Apt. #, etc. County Rd 77	Suite, Apt. #, etc.
City & State Haines City Fla	City & State Polk City Fla
Zip / Country Polk	Zip / Country U.S.

4. FEI Number 59-3619343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIGGINS, JAMES E MGR	Name ~~No Change Same as~~
16770 SAND HILL ROAD	Street Address (P.O. Box Number is Not Acceptable) Current.
WINTER GARDEN FL 34787	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.

SIGNATURE James E Wiggins — 7/29/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Nancy M. Wiggins — 7-29-00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	James E Wiggins MGR, 16770 Sandhill Rd W.G.F	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☑ Addition	Nancy M Wiggins MGRM, 16770 Sandhill Rd, Winter Garden Fla 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	800003384168--7 -09/06/00--01037--012 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	
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CR2E083 (9/99)

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: SIGNATURE REQUIRED — James E Wiggins, Nancy M Wiggins — 7-29-00 — 407-656-1259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #