


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000007925</b> 1. Entity Name: CIRCLE N LAND & CATTLE COMPANY, LLC	
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Principal Place of Business 1416 LAKE VICTOR RD. WESTVILLE, FL 32464	Mailing Address 616 BIRKDALE CIR W NICEVILLE, FL 32578
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02122004No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2506149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FOSTER, WILLIAM S 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

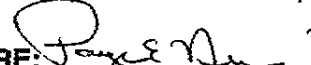
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000162615  
06/16/04-80003-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNN, ROBERT P 616 BIRKDALE CIR W NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNN, PAIGE E 616 BIRKDALE CIR W NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(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.

**SIGNATURE:**  **PAIGE E NUNN, VP** 6/13/04 8509742930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #