

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90029 004 ****50.00

DOCUMENT # L99000007925

1. Entity Name

CIRCLE N LAND & CATTLE COMPANY, LLC



Principal Place of Business

**1416 LAKE VICTOR RD.
WESTVILLE FL 32464**

Mailing Address

**PO BOX 1236
NICEVILLE FL 32588**

2. Principal Place of Business

3. Mailing Address

616 BIRKDALE CIRCLE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NICEVILLE, FL

Zip

Country

Zip

Country

32578

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, WILLIAM S
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNN, ROBERT P P O BOX 1236 NICEVILLE FL 32588	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	616 BIRKDALE CIRCLE WEST NICEVILLE, FL 32578	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNN, PAIGE E PO BOX 1236 NICEVILLE FL 32588	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	616 BIRKDALE CIRCLE WEST NICEVILLE, FL 32578	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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]

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

Date

Daytime Phone #

3/6/03 850-897-4092

CR2E083 (10/02)