

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90294 031 \*\*\*\*50.00

**DOCUMENT # M01000002704**

1. Entity Name  
**BIG WHISKERS LAND AND CATTLE, LLC**



Principal Place of Business  
2600 NE 14TH ST. CSWY.  
POMPAÑO BEACH, FL 33062

Mailing Address  
2600 NE 14TH ST. CSWY.  
POMPAÑO BEACH, FL 33062

**24017820**



01122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**88-0513373**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MACLEAN, ANNE B  
2600 NE 14TH ST. CSWY.  
POMPAÑO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME MACLEAN, FREDERICK R *EMA*  
STREET ADDRESS C/O MACLEAN AND ~~EMA~~ 2600 NE 14TH ST CSWY  
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE MGR  
NAME MACLEAN, ANNE B *EMA*  
STREET ADDRESS C/O MACLEAN AND ~~EMA~~ 2600 NE 14TH ST CSWY  
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

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CITY-ST-ZIP

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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: *Anne B. MacLean*

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

*3/2/04*  
Date

Daytime Phone #

**ANNE B. MACLEAN**