


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90103 024 ****50.00

DOCUMENT # L02000004700

1. Entity Name
BOX RANCH STABLES, LLC



Principal Place of Business
**6650 SW KANNER HIGHWAY
 INDIANTOWN, FL 34956**

Mailing Address
**7150 SW KANNER HIGHWAY
 INDIANTOWN, FL 34956**

20011746

2. Principal Place of Business
6021 SW Kanner Hwy


Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Indiantown, FL 34956

City & State

Zip Country Zip Country



01262005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0619861

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURG, WENDY
6650 SW KANNER HIGHWAY
INDIANTOWN, FL 34956

7- Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6021 SW Kanner Hwy

City **Indiantown** **FL** **34956**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BURG, WENDY	
STREET ADDRESS	6650 SW KANNER HIGHWAY	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Wendy Burg **2/14/05** **772-887-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #