

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002970

Entity Name: KINGSLEY STABLES, LLC

FILED  
May 22, 2005  
Secretary of State

**Current Principal Place of Business:**

5842 VAL DEL ROAD  
HAHIRA, GA 31632

**New Principal Place of Business:**

**Current Mailing Address:**

1524 SMALLWOOD CIRCLE  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 43-2039265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KINGSLEY, CAROL  
1524 SMALLWOOD CIRCLE  
CLEARWATER, FL 33755      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: SUGGS, NIKI  
Address: 5842 VAL DEL ROAD  
City-St-Zip: HAHIRA, GA 31632

Title: MGR      (X) Delete  
Name: GERVAIS, HUGO  
Address: 5842 VAL DEL ROAD  
City-St-Zip: HAHIRA, GA 31632

Title: MGR      (X) Delete  
Name: SUGG, GREG  
Address: 5842 VAL DEL ROAD  
City-St-Zip: HAHIRA, GA 31632

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: CAROL, KINGSLEY  
Address: 5842 VAL DEL ROAD  
City-St-Zip: HAHIRA, GA 31632

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CAROL KINGSLEY

MGR

05/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date