



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 25, 2007 08:00 AM  
Secretary of State**

DOCUMENT # L0000006709											
1. Entity Name STEPHENS THOROUGHBREDS, L.L.C.											
Principal Place of Business 6662 NW 150TH AVENUE MORRISTON FL 32668		Mailing Address P.O. BOX 812 OCALA FL 34478		1st MOORE CR2E083 (10/06)							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0892137				Applied For Not Applicable			
City & State		City & State									
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
STEPHENS, JOHN 6658 N.W. 150TH AVENUE MORRISTON FL 32668				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 _____				<p><b>FILE NOW!!! FEE IS \$50.00</b></p> <p><b>Make Check Payable to Florida Department of State</b></p> <p><b>Due By May 1, 2007</b></p>							
(Signature, Typed or Printed Name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when remaining)				DATE							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES							
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000603429 01/29/07-80013-007 50.00							
NAME	STEPHENS, JOHN D	NAME									
STREET ADDRESS	6658 N.W. 150TH AVE.	STREET ADDRESS									
CITY ST ZIP	MORRISTON FL 32668	CITY ST ZIP									
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	STEPHENS, JILL M	NAME									
STREET ADDRESS	6658 NW 150TH AVE.	STREET ADDRESS									
CITY ST ZIP	MORRISTON FL 32668	CITY ST ZIP									
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
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STREET ADDRESS		STREET ADDRESS									
CITY ST ZIP		CITY ST ZIP									
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STREET ADDRESS		STREET ADDRESS									
CITY ST ZIP		CITY ST ZIP									
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Jill M. Stephens</i> Jill M. Stephens				1/22/07 352-671-1545							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #							