

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002688

1. Entity Name
J & J EQUINE INVESTMENTS, L.C.



Principal Place of Business

5285 S.W. 85TH ST.
OCALA, FL 34476

Mailing Address

5285 S.W. 85TH ST.
OCALA, FL 34476

DO NOT WRITE IN THIS SPACE



03232004.No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3703387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACEFIELD, JERRY N JR.
5285 S.W. 85TH ST.
OCALA, FL 34476

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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 MEM
NAME LACEFIELD, JUDITH
STREET ADDRESS 1311 WATER OAK WAY N.
CITY- ST- ZIP BRADENTON, FL 34209

TITLE MEM
NAME LACEFIELD, JERRY N JR.
STREET ADDRESS 5285 S.W. 85TH ST.
CITY- ST- ZIP OCALA, FL 34476

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04/22/04-80001-005 50.00

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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:

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

Date

Daytime Phone #