


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000002688</b> 1. Entity Name <b>J &amp; J EQUINE INVESTMENTS, L.C.</b>	
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Principal Place of Business <b>5285 S.W. 85TH ST. OCALA, FL 34476</b>	Mailing Address <b>5285 S.W. 85TH ST. OCALA, FL 34476</b>
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**DO NOT WRITE IN THIS SPACE**



02242007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3703387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LACEFIELD, JUDITH 1311 WATER OAK WAY N. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LACEFIELD, JERRY N JR. 5285 S.W. 85TH ST. OCALA, FL 34476
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U00000712126  
04/26/07-80015-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Jerry N. Lacey Jr.* **4/14/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

7006215000006184187