

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 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**



03272008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

UD00000914370  
05/08/08-80053-020 138.75

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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:**

*Judith Laceyfield*

**JUDITH LACEFIELD 4-12-2008**

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

Date

Daytime Phone #